

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Termination - See Part 5

Date qualification threshold met: _____
 Date of termination: _____

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Rejected. La Cañada Flintridge 8/25/2023

RECEIVED in the office of the Secretary of State of the State of California
AUG 24 2023

RECEIVED AND FILED in the office of the Secretary of State of the State of California
SEP 01 2023
R/BA

1. Committee Information				I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE					NAME OF TREASURER				
Friends of Eich for Council 2024					Keith Eich				
STREET ADDRESS (NO P.O. BOX)					STREET ADDRESS (NO P.O. BOX)				
[REDACTED]					CITY		STATE	ZIP CODE	AREA CODE/PHONE
La Cañada Flintridge		CA	91011		La Cañada Flintridge		CA	91011	[REDACTED]
CITY					NAME OF ASSISTANT TREASURER, IF ANY				
La Cañada Flintridge									
FULL MAILING ADDRESS (IF DIFFERENT)					STREET ADDRESS (NO P.O. BOX)				
					CITY		STATE	ZIP CODE	AREA CODE/PHONE
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)									
[REDACTED]					NAME OF PRINCIPAL OFFICER(S)				
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE			STREET ADDRESS (NO P.O. BOX)				
Los Angeles		City of La Cañada Flintridge							
Attach additional information on appropriately labeled continuation sheets.					CITY		STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/11/2023 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER

Executed on 8/11/2023 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Friends of Eich for Council 2024	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 555 Foothill Blvd.	CITY La Cañada Flintridge	STATE CA
		ZIP CODE 91011

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Keith Eich	City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Eich for Council 2024

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Committee to Elect Keith Eich to La Cañada Flintridge City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.