Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
League of California Cities (Nonprofit IRC 115) - Non-Public Funds, No on Prop 6

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League of California Cities (Nonprofit IRC 115) - Non-Public Funds, No on Prop 6

STREET ADDRESS
Sacramento CA 95814 (916) 658-8200

MAILING ADDRESS
Sacramento CA 95814 (916) 658-8200

COUNTY OF DOMICILE
Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Statewide

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Norman Coppinger

STREET ADDRESS
Sacramento CA 95814 (916) 658-8200

NAME OF ASSISTANT TREASURER, IF ANY
Norman Coppinger

STREET ADDRESS
Sacramento CA 95814 (916) 658-8200

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Norman Coppinger

MAILING ADDRESS
Sacramento CA 95814 (916) 658-8200

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 10/02/2018
By Norman Coppinger

Executed on
By

Executed on
By

Executed on
By

Executed on
By

FPPC Form 410 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
League of California Cities (Nonprofit IRC 115) - Non-Public Funds, No on Prop 6

**I.D. NUMBER**
1407058

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 "non-partisan."
  - If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento Bank of Commerce</td>
<td>(530) 224-3333</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Redding</td>
<td>CA</td>
<td>96002</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminates Recently Enacted Road Repair and Transportation Funding</td>
<td>Statewide</td>
<td>SUPPORT</td>
</tr>
<tr>
<td>Ballot Number: 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 410 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
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**
The League of California Cities undertakes educational and advocacy activities that supports the common interest of California cities. CY

**Sponsored Committee**
List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET CITY STATE ZIP CODE</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**
Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. **Termination Requirements**
   By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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 expenditure 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.
     -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.