Statement of Organization
Recipient Committee

Statement Type  □ Initial  □ Amendment
O Not yet qualified  O Date qualified as committee
Date qualified as committee
[If amending to provide this date]
________________________
________________________
________________________
________________________

1. Committee Information
NAME OF COMMITTEE
Braxton Lethco for Daly City Council 2016

STREET ADDRESS (NO PO. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED/ FAX (OPTIONAL)
Braxton.Lethco@gmail.com

COUNTY OF DOMICILE
San Mateo
JURISDICTION WHERE COMMITTEE IS ACTIVE
Daly City

I.D. Number (If applicable)
139 2043

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Braxton Lethco

STREET ADDRESS (NO PO. BOX)

CITY
Daly City
STATE
CA
ZIP CODE
94014

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO. BOX)

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 6-15-2017 By

Executed on 6-15-2017 By

Executed on By

Executed on By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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.

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 AREA CODE/PHONE</td>
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</tbody>
</table>

Small Contributor Committee  

☐  Date qualified

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 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 - 89516, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.