

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

RECEIVED
CITY CLERK

SEP 29 2022

CITY OF BIG BEAR LAKE

**CALIFORNIA
FORM 410**

For Official Use Only

Committee Information		I.D. Number <i>(if applicable)</i> 14-54363		Principal Officers				
NAME OF COMMITTEE Friends of Randall Putz for Council 2022				NAME OF TREASURER Elizabeth Wheat				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY Big Bear Lake		STATE CA	ZIP CODE 92315	AREA CODE/PHONE [REDACTED]	CITY Big Bear Lake	STATE CA	ZIP CODE 92315	AREA CODE/PHONE 909-752-5342
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Big Bear Lake, CA 92315				NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) treasurer@randallputz.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
COUNTY OF DOMICILE San Bernardino		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Big Bear Lake		NAME OF PRINCIPAL OFFICER(S) Elizabeth Wheat				
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY Big Bear Lake		STATE CA	ZIP CODE 92315	AREA CODE/PHONE [REDACTED]	CITY Big Bear Lake	STATE CA	ZIP CODE 92315	AREA CODE/PHONE 909-752-5342

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 9/16/2022 By Elizabeth Wheat
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/16/2022 By Randall Putz
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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COMMITTEE NAME Friends of Randall Putz for Council 2022	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 First Foundation Bank	AREA CODE/PHONE 909-866-5862	BANK ACCOUNT NUMBER	
ADDRESS 40865 Big Bear Blvd, PO Box 6868	CITY Big Bear Lake	STATE CA	ZIP CODE 92315

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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Randall Putz	Big Bear Lake City Council, District 3	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

Friends of Randall Putz for Council 2022

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

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 system verification, the treasurer, assistant treasurer and/or candidate official should complete a certification 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.