

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1379174

01 / 15 / 2016

Date qualified as committee

Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

**RECEIVED AND FILED**

in the office of the Secretary of State  
of the State of California

FEB 08 2016

Hand Delivered, Sacramento

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

Sacramento City Clerk's Office  
915 I St. 5th Floor  
Received 02/23/2016 02:43 PM

**1. Committee Information**

NAME OF COMMITTEE

Tony "The Tiger" Lopez for Mayor 2016

STREET ADDRESS (NO P.O. BOX)

[Redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

[Redacted]

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sacramento

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Rosemary Lopez Fassett

STREET ADDRESS (NO P.O. BOX)

[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

Vincent Velasquez

STREET ADDRESS (NO P.O. BOX)

[Redacted]

Timothy Anderson

STREET ADDRESS (NO P.O. BOX)

[Redacted]

Attach additional information on appropriately labeled continuation sheets.

**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 2/5/2016 By Rosemary Lopez Fassett  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/5/2016 By Tony Lopez  
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

Tony "The Tiger" Lopez for Mayor 2016

I.D. NUMBER

1379174

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Merchant National Bank	[REDACTED]	[REDACTED]
ADDRESS	CITY	STATE ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]

**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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Tony Lopez	Sacramento Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>