

1445147

Statement of Organization Recipient Committee

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CALIFORNIA FORM 410 For Official Use Only

Statement Type	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 6 Date of termination
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1. Committee Information		I.D. Number 88-0598551 <i>(if applicable)</i>	
NAME OF COMMITTEE THE PVE LAND PRESERVATION ACT COMMITTEE		NAME OF TREASURER ARTHUR FINE	
STREET ADDRESS (NO PO BOX) 389 PALOS VERDES DR. W.	CITY PALOS VERDES EST. CA 90274	STREET ADDRESS (NO PO BOX) 389 PALOS VERDES DR. W.	CITY PALOS VERDES ESTES CA 90274
STATE CA	ZIP CODE 90274	STATE CA	ZIP CODE 90274
AREA CODE/PHONE		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
COUNTY OF DOMICILE LOS ANGELES		JURISDICTION WHERE COMMITTEE IS ACTIVE PALOS VERDES ESTATES	
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICERS ARTHUR FINE	
3. Verification		STREET ADDRESS (NO PO BOX) 389 PALOS VERDES DR. W.	
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.		CITY PALOS VERDES EST. CA 90274	
Executed on 18 FEB 2022	BY [Signature]	MONITOR OF TREASURER OR ASSISTANT TREASURER	
Executed on 18 FEB 2022	BY [Signature]	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent	
Executed on	BY	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent	
Executed on	BY	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent	

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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ID NUMBER

88-0598551

COMMITTEE NAME  
**THE PVE LAND PRESERVATION ACT COMMITTEE**

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

NAME OF FINANCIAL INSTITUTION <b>MALABA BANK</b>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>2514 VIA TEGON</b>	CITY <b>PALOS VERDES ESTATES</b>	STATE <b>CA</b>
	ZIP CODE <b>90274</b>	

**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	
			Nonpartisan	(list political party below)
			Partisan	(list political party below)
			Nonpartisan	(list political party below)
			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

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)	SUPPORT	OPPOSE
<b>THE PVE LAND PRESERVATION ACT COMMITTEE</b>	<b>PALOS VERDES ESTATES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Receipt Committee**

INSTRUCTIONS ON REVERSE

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ID NUMBER

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COMMITTEE NAME

THE PVE LAND PRESERVATION ACT COMMITTEE

**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*

Data qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or parent 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.

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fpcc.ca.gov](mailto:advice@fpcc.ca.gov) (866/275-3772)

[www.fpcc.ca.gov](http://www.fpcc.ca.gov)

**Statement of Organization  
Recipient Committee**

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>REVISED 03/2018</small>
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**Statement Type**

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment  
 Date qualification threshold met: 03 / 11 / 22

Termination - See Part 5  
 Date of termination: \_\_\_\_\_

<p><b>1. Committee Information</b></p> <p><b>I.D. Number</b> (if applicable): 14451147</p> <p><b>Committee Name:</b> The PVE Land Preservation Act Committee</p> <p><b>Address:</b> 389 Palos Verdes Dr West, Palos Verdes Estates, Ca 90274</p> <p><b>City:</b> Palos Verdes Estates <b>State:</b> Ca <b>Zip:</b> 90274</p> <p><b>Phone:</b> [REDACTED]</p> <p><b>Website:</b> [REDACTED]</p> <p><b>2021 Tax ID Number:</b> [REDACTED]</p> <p><b>2021 Federal EIN:</b> [REDACTED]</p> <p><b>Local Address:</b> Palos Verdes Estates</p>	<p><b>2. Treasurer and Other Principal Officers</b></p> <p><b>Treasurer:</b> Arthur Fine              389 Palos Verdes Dr West, Palos Verdes Estates, Ca 90274              [REDACTED]</p> <p><b>Other Officers:</b> [REDACTED]</p>
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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 11 March 2022 By: [REDACTED]

Executed on 11 March 2022 By: [REDACTED]

Executed on \_\_\_\_\_ By: \_\_\_\_\_

Executed on \_\_\_\_\_ By: \_\_\_\_\_