Statement of Organization
Recipient Committee

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STATEMENT OF ORGANIZATION

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CALIFORNIA FORM **410**

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in the office of the Secretary of State of the State of California
JUL 09 2015

Statement Type ☐ Initial Not yet qualified ☐ or

☒ Amendment List I.D. number: # 1349598

☐ Termination – See Part 5 List I.D. number: #

Date qualified as committee	Date qualified as committee (If applicable)	Date of Termination
/ /	08 / 03 / 2012	/ /

1. Committee Information

NAME OF COMMITTEE
Committee to Re elect Natasha Johnson for City Council 2016

STREET ADDRESS (NO P.O. BOX)
15360 Regatta Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lake Elsinore	Ca	92530	951-218-1459

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Natasha Johnson

STREET ADDRESS
15360 Regatta Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lake Elsinore	Ca	92530	951-218-1459

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

MAILING ADDRESS

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 7.2.2015 (DATE) By [redacted] ASURER

Executed on 7.2.2015 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
Page 2

COMMITTEE NAME
Committee to Re Elect Natasha Johnson for City Council 2016

I.D. NUMBER
1349598

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Natasha Johnson	Lake Elsinore City Council	2016	☒ Non-Partisan
			☐ Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank	951-245-2663	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
30901 Riverside Drive	Lake Elsinore	Ca	92530

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
		SUPPORT	OPPOSE