

**Statement of Organization
Recipient Committee**

Statement Type Initial or Not yet qualified

Amendment List I.D. number: # 1396250

Termination - See Part 5 List I.D. number: # _____

Date qualified as committee 5/15/17 (if applicable)
Date of Termination 1/1/17

1. Committee Information

NAME OF COMMITTEE Committee to Elect Susan Jakubowski for City Council, 2017

STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER Alfred Baugh
STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY _____
STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF PRINCIPAL OFFICER(S) _____
STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 5/8/17 DATE

Executed on 5/8/17 DATE

Executed on _____ DATE

Executed on _____ DATE

By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamp **CALIFORNIA 410 FORM**
RECEIVED AND FILED in the office of the Secretary of State of the State of California
MAY 25 2017
2017 MAY 30 PM 3:28
CAMPAIGN FINANCE

NG

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Elect Susan Sokubow ski for City Council, 2017

I.D. NUMBER

1396250

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

NAME OF FINANCIAL INSTITUTION [REDACTED]	AREA CODE/PHONE 626 281-0083	BANK ACCOUNT NUMBER 1222 34149
ADDRESS 980 Huntington Dr.	CITY San Marino	STATE CA
		ZIP CODE 91108

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	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>