

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified
 or
 Date qualified as committee

Amendment Termination - See Part 5

Date qualified as committee _____ / _____ / _____
 (if amending to provide this date)

Date Stamp
RECEIVED
 2017 JUN 12 P 2:06

**CALIFORNIA 410
FORM**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Committee to elect Marino
 Ken Ude 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]

I.D. Number (if applicable)

2. Treasurer and other principal officers

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

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Ken. Ude@gmail.com
 COUNTY OF DOMICILE
 Los Angeles
 JURISDICTION WHERE COMMITTEE IS ACTIVE
 San Marino

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 _____ BY _____
 DATE 6/6/17
 Executed on _____ BY _____
 DATE 6/6/17
 Executed on _____ BY _____
 DATE _____
 Executed on _____ BY _____
 DATE _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Ren Ude for San Marino City Council 2017

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

NAME OF FINANCIAL INSTITUTION Wells Fargo AREA CODE/PHONE 626/795-3294 BANK ACCOUNT NUMBER 122000247 ZIP CODE 7288095337

ADDRESS 2355 Huntington Dr. San Marino CA 91008

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
<u>Kenneth A. Ude</u>	<u>San Marino City Council</u>	<u>2017</u>	<input checked="" 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
<u>Kenneth A Ude</u>	<u>San Marino City Council</u>	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>