

Los Alamitos

Statement of Organization Recipient Committee

Statement Type [] Initial [] Not yet qualified [] or

[] Amendment List I.D. number: #

[x] Termination - See Part 5 List I.D. number: # 1380173

Date qualified as committee / / Date qualified as committee (if applicable) / / Date of Termination 12 / 14 / 2016

CALIFORNIA 410 FORM For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California DEC 19 2016 DEC 23 2016

2. Treasurer and Other Principal Officers

NAME OF TREASURER Josh Wilson STREET ADDRESS (NO P.O. BOX) 10182 Humbolt St CA 90720 949 637 4965

1. Committee Information

NAME OF COMMITTEE JOSH WILSON FOR LOS ALAMITOS CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX) 10182 HUMBOLT STREET CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE (949)637-4965

MAILING ADDRESS (IF DIFFERENT) FAX / E-MAIL ADDRESS info@joshuaswilson.com

CITY OF DOMICILE Orange JURISDICTION WHERE COMMITTEE IS ACTIVE City Of Los Alamitos

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 12/14/2016 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 12/14/2016 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

RECEIVED CITY OF LOS ALAMITOS 2017 MAR -7 AM 7:17

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

RECEIVED
CITY OF LOS ALAMITOS

2017 MAR -7 AM 7:17

COMMITTEE NAME
JOSH WILSON FOR LOS ALAMITOS CITY COUNCIL 2016

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

NAME OF FINANCIAL INSTITUTION Southland Credit Union	AREA CODE/PHONE (800)426-1917	BANK ACCOUNT NUMBER 300059936
ADDRESS 10701 Los Alamitos Blvd	CITY Los Alamitos	STATE CA
		ZIP CODE 90720

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
Josh Wilson	City Council / City Of Los Alamitos	2016	<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
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>