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Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Statement Type Initial
Not yet qualified or
Date qualified as committee

Amendment
List I.D. number:
1331026
Date qualified as committee
(If applicable) 08 / 31 / 10

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

Date of Termination

RECEIVED
CITY OF LOS ALAMITOS
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 10 2010
DEBRA BOWEN
Secretary of State

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO, AND SHERIDAN FOR
CITY COUNCIL 2010
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ALAMITOS CA 90720
MAILING ADDRESS (IF DIFFERENT)
OPTIONAL: FAX / E-MAIL ADDRESS
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
ORANGE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
KEN PARKER
STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ALAMITOS CA 90720
NAME OF ASSISTANT TREASURER, IF ANY
MARLIN CARDON
STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ALAMITOS CA 90720
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 and belief certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/7/2010 By
Executed on 9/7/2010 By
Executed on 9/7/2010 By
Executed on 9/7/10 By

[Redacted Signature Area]

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
COMPLETION DATE
COMPLETION DATE
COMPLETION DATE
COMPLETION DATE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1331026

COMMITTEE NAME
NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO, AND SHERIDAN FOR CITY COUNCIL 2010

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
Gerri L. Graham-Mejia, Warren Kusumoto, Brad Sheridan	City Council	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> 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	
City National Bank			
ADDRESS	CITY	STATE	ZIP CODE

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