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Statement of Organization Recipient Committee

Type or print in ink

1331026

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

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

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

RECEIVED
CITY OF LOS ALAMITOS
in the office of the Secretary of State
of the State of California

SEP 01 2010

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

SEP 03 2010

REGISTRAR OF VOTERS
DEBRA TOWEN
Secretary of State
Deputy

DATE STAMP

CALIFORNIA FORM 410
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

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

KEN PARKER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ALAMITOS	CA	90720	_____

NAME OF ASSISTANT TREASURER, IF ANY

MARLIN CARDON

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ALAMITOS	CA	90720	_____

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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, the information furnished 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 8/26/2010 By _____

Executed on 8/26/2010 By _____

Executed on 8/26/2010 By _____

Executed on 8/26/10 By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA 410
FORM**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

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
		2010	<input checked="" 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
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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE