

Los Alamitos

# Statement of Organization Recipient Committee

## Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	08 / 25 / 2018	_____ / _____ / _____

Date Stamp

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

**AUG 29 2018**

**CALIFORNIA FORM 410**

For Official Use Only

**AUG 31 2018**

REGISTRAR OF VOTERS

<b>1. Committee Information</b>	<b>I.D. Number (if applicable)</b>	1409651	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
KUSUMOTO FOR CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
LOS ALAMITOS CA 90720 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
warren\_kusumoto@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
ORANGE CITY OF LOS ALAMITOS

NAME OF TREASURER  
ARTHUR DEBOLT

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

Executed on 08-26-2018 By [REDACTED] TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

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FORM 410**

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