

Los Alamitos

Statement of Organization  
Recipient Committee

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Termination - See Part 5  
 Date of termination 12 / 15 / 2018

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
 DEC 24 2018  
 CALIFORNIA FORM 410  
 For Official Use Only  
 FILED  
 JAN 04 2019

1. Committee Information I.D. Number 1409651  
 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE  
**KUSUMOTO FOR CITY COUNCIL 2018**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

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

FULL MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_

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

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

NAME OF TREASURER  
**ARTHUR DEBOLT**

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

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

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 I acknowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is correct.

Executed on 12-19-2018 DATE  
 Executed on 12/21/2018 DATE

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

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