

Statement of Organization
Recipient Committee

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Date Stamp
CITY OF SANTA PAULA
CITY CLERK

AUG 12 2022

RECEIVED

CALIFORNIA FORM 410

For Official Use Only

R/JD

Statement Type

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

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Crosswhite for Council 2022				NAME OF TREASURER Jenny Crosswhite			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Santa Paula	STATE CA	ZIP CODE 93060	AREA CODE/PHONE [REDACTED]	CITY Santa Paula	STATE CA	ZIP CODE 93060	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) Santa Paula, CA 93061				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Paula			NAME OF PRINCIPAL OFFICER(S) Jenny Crosswhite			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Santa Paula	STATE CA	ZIP CODE 93060	AREA CODE/PHONE [REDACTED]

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

AUG 15 2022

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 for [REDACTED]

Executed on	<u>8/12/2022</u>	By	[REDACTED]
	DATE		
Executed on	<u>8/12/2022</u>	By	[REDACTED]
	DATE	SIGNATURE	
Executed on	_____	By	_____
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Crosswhite for Council 2022	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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." Stating "No party preference" is acceptable
- 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 CHECK ONE		
Jenny Crosswhite	City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE