

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met 09 / 12 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____	<input type="checkbox"/> Termination -- See Part 5 Date of termination _____ / _____ / _____
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Date Stamp
RECEIVED AND FILED
 in the Office of the Secretary of State
 of the State of California
SEP 20 2022

CALIFORNIA FORM 410
 For Official Use Only
 1451784

1. Committee Information				I.D. Number <small>(if applicable)</small>				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 805-229-7174		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Santa Paula, CA 93061				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STATE [REDACTED]		ZIP CODE [REDACTED]		AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Paula		NAME OF PRINCIPAL OFFICER(S) Jenny Crosswhite				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				CITY Santa Paula		STATE CA		ZIP CODE 93060		AREA CODE/PHONE [REDACTED]	

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 foregoing is true and correct.

Executed on 9/12/2022 By [REDACTED] TREASURER

Executed on 9/12/2022 By [REDACTED] STATE MEASURE PROPONENT

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

Executed on _____ By _____ 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	L.D. NUMBER 1451784
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION [REDACTED]	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Santa Paula	STATE CA	ZIP CODE 93060

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		(list political party below)
			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