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COPY

1360272

Santa Clarita

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:
PENDING

CITY OF SANTA CLARITA

Termination - See Part 5
2013 OCT 30 A 11:45

Date qualified as committee 08/26/2013
(if applicable)

RECEIVED
CITY CLERK'S OFFICE
Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary
of the State of California
SEP 05 2013
DEBRA BOWEN
Secretary of State

RECEIVED BY
CALIFORNIA FORM 410
2013 Official Use Only
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Dante Acosta for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles **City of Santa Clarita**

NAME OF TREASURER
Tom Christensen

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Dante Acosta

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 of California that the information is correct.

Executed on 8-30-13 By _____

Executed on 8-30-13 By _____

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

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