

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 List I.D. number: # \_\_\_\_\_  
 Date qualified as committee: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date qualified as committee (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp

**CALIFORNIA FORM 410**  
 For Official Use Only  
 2013 AUG 19 P 2:28  
 RECEIVED  
 CITY CLERKS OFFICE

**1. Committee Information**

NAME OF COMMITTEE  
**Dante Acosta for City Council**  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 MAILING ADDRESS (IF DIFFERENT)  
 FAX / E-MAIL ADDRESS  
 COUNTY OF DOMICILE: **Los Angeles** JURISDICTION WHERE COMMITTEE IS ACTIVE: **City of Santa Clarita**

**2. Treasurer and Other Principal Officers**

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 provided is true and correct.

Executed on 8-15-13 By \_\_\_\_\_  
 Executed on 8-15-13 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_