

COPY

Statement of Organization Recipient Committee

Statement Type

Initial Not yet qualified or

Amendment List I.D. number:

Termination - See Part 5 List I.D. number:

Date qualified as committee

Date qualified as committee (if applicable)

1360272 04/20/2016 Date of Termination

Date Stamp: 2016 APR 21 11:14 AM CITY CLERK'S OFFICE CITY OF SANTA CLARITA CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE Dante Acosta for City Council 2016

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Cheryl Gray

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

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

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 foregoing is true and correct.

Executed on 4-20-2016 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 4-20-2016 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT