

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1239785

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

CITY CLERKS OFFICE

CITY OF SANTA CLARITA

2016 JAN 29 PM 4:14

Date Stamped

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Marsha McLean 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

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Marsha McLean

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Marsha McLean

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 foregoing is true and correct.

Executed on 01/26/2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/26/2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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