

**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)

1376175
1/6/2016
Date of Termination

CITY OF SANTA CLARITA

Date Stamp
2016 JAN 11 AM 10:55

OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space - Stop Deep Well
Injection in the Santa Clarita Valley

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Petz2@aol.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Santa Clarita

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stephen C. Petzold

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)

None

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 complete. I certify under penalty of perjury under the laws of the State of California

Executed on 1-6-2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

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1-6-2016