

Statement of Organization Recipient Committee

Type or print in ink



Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number: # 1385277

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

Date qualified as committee _____

Date qualified as committee (if applicable) 03/11/2016

Date of Termination _____

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1. Committee Information

NAME OF COMMITTEE

Cameron Smyth For City Council 2016

STREET ADDRESS (NO P. O. BOX)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mrs. Kelly Lawler

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
	Santa Clara

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.

Ex

Ex

Ex

Ex

CITY CLERK OFFICE
CITY OF SANTA CLARITA
2016 AUG 9 AM 11:02

STATEMENT OF ORGANIZATION
CALIFORNIA
FORM 410
For Official Use only

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Cameron Smyth For City Council 2016

STATEMENT OF ORGANIZATION	
CALIFORNIA 410	
FORM	
2 / 3	I.D. NUMBER 1385277

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Mr. Cameron Smyth	Sought: City Council Member City: Santa Clarita District: Santa Clarita	2016	<input checked="" type="checkbox"/> Non-Partisan
	District:		<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	CITY	STATE	ZIP CODE
Tri Counties Bank	530-934-2191	077025352	Willows	CA	95988-2834
ADDRESS					
210 N Tehama Street					

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Ballot:	District:	<input type="checkbox"/>	<input type="checkbox"/>
Ballot:	District:	<input type="checkbox"/>	<input type="checkbox"/>

