

Santa Clarita

Statement of Organization
Recipient Committee

Statement Type Initial
Not yet qualified or

12 / 31 / 1997
Date qualified as committee

CITY OF SANTA CLARITA
 Amendment Termination - See Part 5 in the office of the Secretary of State of the State of California
List I.D. number: # 980093
2013 SEP 10 A 9:39

Date qualified as committee (if applicable)

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
JUL 08 2013
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only
2013 JUL 18 PM 2:53
CAMPAIGN FINANCE DISCLOSURE SECTION

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Weste 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: **Los Angeles**
JURISDICTION WHERE COMMITTEE IS ACTIVE: **City of Santa Clarita**

NAME OF TREASURER
James McCarthy
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)
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 and belief 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 March 28-2013 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on March 28-2013 By _____
DATE SIGNATURE OF 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