

# Statement of Organization Recipient Committee

Statement Type

Initial  
Not yet qualified  or  
 Date qualified as committee

Amendment

Termination - See Part 5

\_\_\_\_\_  
Date qualified as committee

2016-03-11  
Date qualified as committee  
(If amending to provide this date)

2017-12-31  
Date of termination

Date Stamp

Rec'd 1/31/2018  
see date  
stamp on  
envelope

CALIFORNIA  
FORM **410**

For Official Use Only

## 1. Committee Information

I.D. Number  
(if applicable)

1385277

## 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Cameron Smyth For City Council 2016

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

Santa Clarita

NAME OF TREASURER

Kelly Lawler

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 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 01/25/2018 By \_\_\_\_\_  
SIGNATURE OF TR

Executed on 01/25/2018 By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT