Statement of Organization Recipient Committee				RECEIVED	CALIFORNIA 410	
Statement Type	☐ Initial	☐ Amendment	☐ Termination – See Part 5	AUG DE LEGA	For Official Use Only	
	O Not yet qualified					
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	Office of the City Clerk		
	/	/	//			
1. Committee Information I.D. Number TBA 2. Treasurer and Other Principal Officers						
			NAME OF TREASURER	ARED JORDAG	,]	
Cauncil DZ			STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
O caurai	- 1) -					
STREET ADDRESS (NO PO	ROX)		EMAIL ADDRESS OF TREASURER	(REQUIRED)	AREA CODE/PHONE	
			NAME OF ASSISTANT TREASURE	ER, IF ANY		
TULLOCK	STATE	ZIP CODE AREA 95380			•	
FULL MAILING ADDRESS		417 340	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE	
	MMITTEE (REQUIRED) / FAX (OPTIONAL)	CLOUD. COM	··			
COUNTY OF DOMICILE	JURISDICTION WHERE C		NAME OF PRINCIPAL OFFICER(S)]		
STANISLAL	1) Multon		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.			EMAIL ADDRESS OF BRINGINAL	OFFICEOUS (REQUIRED)	AREA CODE/PHONE	
			EMAIL ADDRESS OF PRINCIPAL (OFFICEN(S) (REQUIRED)	AREA CODE/FRONC	
~ <u></u>						
3. Verification						
I have used all reas	onable diligence in preparing thi	s statement and to the best 9	f my knowledge the information	n contained herein is true and	complete. I certify under	
penalty of perjury	under the laws of the State of Ca	lifornia that the foregoing is t	rue and correct		•	
Executed on	By _		PRER			
Executed on	By_		A450	FUNC STOOMSTATE		
Executed on	Bu		MEA	SURE PROPONENT		
Encourse Oil	DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT					
Executed onBy					EDDC F 440 (Ostobor/2022)	

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov