

Statement of Organization Recipient Committee

Statement Type

- ☐ Initial
☐ Not yet qualified
or
☐ Date qualification threshold met

☐ Amendment
Date qualification threshold met

☒ Termination – See Part 5

Date of termination

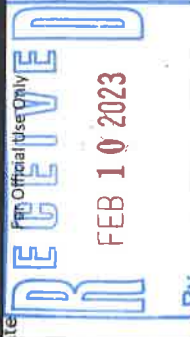
01 / 31 / 2023

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 01 2023

CALIFORNIA 410
FORM



2. Treasurer and Other Principal Officers

NAME OF TREASURER

CLAUDIA CARRASCO

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

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 01-29-23 By

DATE

NAME OF TREASURER OR ASSISTANT TREASURER

Executed on 01-29-23 By

DATE

SIGNATURE OF CONTROLLING 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