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Statement of Organization Recipient Committee

Statement Type

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

Amendment

Termination - See Part 5

Date qualification threshold met

4.5.23

Date of termination

12 / 31 / 22

CALIFORNIA 410 FORM

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DIGITALLY RECEIVED AND FILED
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JAN 31 - 2023

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in the office of the California Secretary of State
April 05, 2023

APR 14 2023

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Karin Eugenio, IID Director, Division 5, 2022 #1446745

NAME OF TREASURER

Karin Eugenio

I.D. Number

1446745

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

karindeol@gmail.com

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Imperial County

JURISDICTION WHERE COMMITTEE IS ACTIVE

AREA CODE/PHONE

AREA CODE/PHONE

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 1/31/23

By

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/23

By

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent