Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

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Statement Type

☐ **Initial** — Not yet qualified ☐ or ____/____/____ Date qualified as committee

☐ **Amendment** — List I.D. number: # _____ ____/____/____ Date qualified as committee (if applicable)

☒ **Termination – See Part 5** — List I.D. number: # _____ 07/13/09 Date of Termination

1. Committee Information

NAME OF COMMITTEE: The Committee to Elect Tarince Tyler

STREET ADDRESS (NO P.O. BOX): 762 E. Orange Grove BL #5 Pasadena

CITY: Pasadena, STATE: CA. ZIP CODE: 91104 AREA CODE/PHONE: (626) 396-9396

MAILING ADDRESS (IF DIFFERENT):

OPTIONAL: FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE: L.A County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Aquita Winslow

STREET ADDRESS: 762 E. Orange Grove BL. CA

CITY: Pasadena STATE: CA. ZIP CODE: 91104 AREA CODE/PHONE: (626) 396-9396

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE:

MAILING ADDRESS:

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 7/13/09 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 7/13/09 (DATE) By [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)