

Statement of Organization Recipient Committee

Type or print in ink

Date Stamp

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1353650

12 / 2 / 12

Date qualified as committee
(If applicable)

☐ Termination - See Part 5
List I.D. number: 112 DEC 27 13:27

CITY CLERK
OF PASADENA

Date of Termination

1. Committee Information

NAME OF COMMITTEE

John Kennedy for City Council 2013

STREET ADDRESS (NO P.O. BOX)

2450 W. 239th St. #16

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance

CA

90501

310-245-0243

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

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

Tina McKinnor

STREET ADDRESS (NO P.O. BOX)

2450 W. 239th St., #16

CITY STATE

Torrance

CA

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE

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 perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/24/12

DATE

Executed on 12/24/12

DATE

Executed on

DATE

Executed on

DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT T

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR

FPPC Toll-Free