

04
Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee: ___/___/___ Date of termination: ___/___/___

1412019

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
SEP 24 2018
 Hand Delivered, Sacramento

CALIFORNIA FORM 410
 For Official Use Only
City of Oroville
OCT 15 2018
Administration

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Committee to Elect Marlene Del Rosario to Oroville City Council 2018

STREET ADDRESS (NO P.O. BOX)
 Oroville Ca 95966 (530) 632-5744

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
 mdelrosaria@cityoforoville.org

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

COUNTY OF DOMICILE: Butte JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
 Gene Leis

STREET ADDRESS (NO P.O. BOX)
 Oroville Ca 95966 (808) 217-6505

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
 Marlene Del Rosario

STREET ADDRESS (NO P.O. BOX)
 Oroville Ca 95966 (530) 632-5744

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

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 9-24-18 By [Signature] LOCAL OFFICER OR ASSISTANT TREASURER

Executed on 9-24-18 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Marlène Del Rosario

Page 2
I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Tri Counties Bank</i>	AREA CODE/PHONE <i>1-800-972-8742</i>	BANK ACCOUNT NUMBER	
ADDRESS <i>Oro Dam Blvd. Oroville Ca. 95966</i>	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
<i>Marlène Del Rosario</i>	<i>Oroville City Council</i>	<i>2018</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
	<i>Oroville City Council</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>