

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 09 / 21 / 2020

Date Stamp  
**RECEIVED**  
SEP 22 2020  
**TOWN CLERK**

**CALIFORNIA FORM 410**

For Official Use Only

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1429070 <small>(if applicable)</small>				NAME OF TREASURER Patricia Trumpler			
NAME OF COMMITTEE Cusack For Town Council 2020				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Apple Valley	STATE Ca.	ZIP CODE 92307	AREA CODE/PHONE [REDACTED]
CITY Apple Valley	STATE Ca.	ZIP CODE 92307	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 824 Apple Valley Ca. 92307				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) lCUSACK@AVCSYSTEMS.COM				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE San Bernardino	JURISDICTION WHERE COMMITTEE IS ACTIVE Town Of Apple Valley			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				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 9-21-2020 By Patricia Trumpler  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-21-2020 By [Signature]  
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