

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
--	---	---

Date Stamp Received By Town Clerk Date <u>8/23/22</u> Time <u>1:06pm</u> Town of Apple Valley	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE				NAME OF TREASURER											
Michael Karen For Town Council District 3 2022				Dorana Karen											
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)											
CITY		STATE		ZIP CODE		AREA CODE/PHONE		CITY		STATE		ZIP CODE		AREA CODE/PHONE	
Apple Valley		CA		92308				Apple Valley		CA		92308			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY											
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)											
CITY		STATE		ZIP CODE		AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)							
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE						STREET ADDRESS (NO P.O. BOX)							
San Bernardino		Apple Valley, CA													
Attach additional information on appropriately labeled continuation sheets.				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 8-23-22 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-23-22 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