

Statement of Organization

Recipient Committee

Statement Type

 Initial Not yet qualified
or Date qualification threshold met Amendment Termination – See Part 5

Date qualification threshold met

Date of termination

Date Stamp

RECEIVED

OCT 06 2022

CITY OF ARCATA
CITY MANAGER'S OFFICE

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					
Kimberley White for Arcata City Council 2022		Kimberley White					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)					
CITY ARCATA STATE CA ZIP CODE 95521		CITY ARCATA STATE CA ZIP CODE 95521				AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Kimberleyforarcata@gmail.com		CITY				STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE Humboldt		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Arcata				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 10/06/22 By ██████████ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME <i>Kimberley White for Arcata City Council 2022</i>	I.D. NUMBER [REDACTED]		
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION <i>Wells Fargo Bank</i>	AREA CODE/PHONE <i>(707) 822-3642</i>	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS <i>1103 G street</i>	CITY <i>Arcata</i>	STATE <i>CA</i>	ZIP CODE <i>95521</i>

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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE
<i>Kimberley White</i>	<i>Arcata City Council</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)

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
		SUPPORT	OPPOSE