

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> 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
 OCT 06 2022
 CITY OF ARCATA
 CITY MANAGER'S OFFICE

CALIFORNIA FORM 410
 For Official Use Only

| 1. Committee Information | | I.D. Number <small>(if applicable)</small> | | 2. Treasurer and Other Principal Officers | | | |
|--|---|---|-------------------------------|---|--------------------|--------------------------|-------------------------------|
| NAME OF COMMITTEE <i>Kimberley White for Arcata City Council 2022</i> | | | | NAME OF TREASURER <i>Kimberley White</i> | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| CITY <i>ARCATA</i> | STATE <i>CA</i> | ZIP CODE <i>95521</i> | AREA CODE/PHONE [REDACTED] | CITY <i>ARCATA</i> | STATE <i>CA</i> | ZIP CODE <i>95521</i> | AREA CODE/PHONE [REDACTED] |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>Kimberley@arcataa@gmail.com</i> | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| COUNTY OF DOMICILE <i>Humboldt</i> | JURISDICTION WHERE COMMITTEE IS ACTIVE <i>City of Arcata</i> | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| [REDACTED] | | | | 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 10/01/22 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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INSTRUCTIONS ON REVERSE

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| | |
|---|-------------|
| COMMITTEE NAME <i>Kimberley White for Arcata City Council 2022</i> | I.D. NUMBER |
|---|-------------|

• 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) 822-3042</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 PROPONENT | 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> | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | 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 |