

Statement of Organization
Recipient Committee

Statement Type

☒ Initial
☒ Not yet qualified
or
☐ Date qualification threshold met

☐ Amendment
Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

MAR 10 2022

CALIFORNIA
FORM 410

For Official Use Only

MAR 25 2022

HUMBOLDT COUNTY
ELECTIONS

1. Committee Information	I.D. Number (If applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE EDITH ROSEN FOR ARCATA CITY COUNCIL 2022		NAME OF TREASURER EDITH ROSEN
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY BAYSIDE	STATE CA	ZIP CODE 95524
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY HUMBOLDT	STATE CA	ZIP CODE 95524
COUNTY OF DOMICILE HUMBOLDT		NAME OF PRINCIPAL OFFICER(S) EDITH ROSEN
JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF ARCATA		STREET ADDRESS (NO P.O. BOX) [REDACTED]
Attach additional information on appropriately labeled continuation sheets.		CITY BAYSIDE
		STATE CA
		ZIP CODE 95524

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.

Executed on 3/7/2022 By [REDACTED] ASSISTANT TREASURER
Executed on 3/7/2022 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
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I.D. NUMBER

COMMITTEE NAME

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

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

NAME OF FINANCIAL INSTITUTION COAST CENTRAL CREDIT UNION	AREA CODE/PHONE 707-445-8801	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 606 F STREET, UNIT A	CITY ARCATA	STATE CA	ZIP CODE 95521

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		
			Nonpartisan	Partisan	(list political party below)
EDITH ROSEN	ARCATA CITY COUNCIL	2022	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEMOCRAT
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>