

1445969

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified OR	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	

Date Stamp	RECEIVED AND FILED In the office of the Secretary of State of the State of California	CALIFORNIA FORM 410
MAR 10 2022		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				NAME OF TREASURER			
EDITH ROSEN FOR ARCATA CITY COUNCIL 2022				EDITH ROSEN			
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
BAYSIDE	CA	95524		BAYSIDE	CA	95524	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
HUMBOLDT		CITY OF ARCATA		EDITH ROSEN			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				BAYSIDE	CA	95524	
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

Executed on 3/7/2022 By _____

ASSISTANT TREASURER

Executed on 3/7/2022 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME	I.D. NUMBER
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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	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
COAST CENTRAL CREDIT UNION	707-445-8801		
ADDRESS	CITY	STATE	ZIP CODE
686 F STREET, UNIT A	ARCATA	CA	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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			NONPARTISAN	PARTISAN
EDITH ROSEN	ARCATA CITY COUNCIL	2022	<input type="checkbox"/>	<input checked="" type="checkbox"/> (list political party below) 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE