in the office of the Secretary of State of the State of California

Statement	120	2 ///////	of the State of Californ	of State	
Statement of O	rganization 53	13 144462	-/		
District the second sec	The state of the s		MAK ± 4 2022	Date Stamp	CALIFORNIA AAO
100	Initial	Amendment	Termination - See Part 5	office of the Secretary of St	FORM 410
1	O Not yet qualified or	05	000 7 411 0	of the State of Culliamia	For Official, Use Only
	Date qualification threshold m	Pele qualification threshold met	Date of termination	FEB 08 2022	à
2000	01 / 18 / 22	100 000	a committee	in G fin 44	
1. Committeeli	midrication I.D. Num (Vanileable)	berouning	2 Treasures and	OVI S	6/3
1	N. Control of the Con		NAME OF TREASURER	Other Principal Officer	
Kamas tok	. CITY COUNCIL	2022	0	4.00 V 100	
			STREET ADDRESS IND HO SON	Kamos	
	o-pisson en en		TINEEL ADORESSIND PO SAVI		Vall-84-
	C	12553		MORN	21P CODE
DA Ca 11	SIMIE ZIP	CODE AREA CODE/PHONE	Moreno Va	11011	NATA COSTANONS
MORPHO DO	ERRATI CA		NAME OF ASSISTANT TREASURER, II	ANY U	
			STREET ADDRESS (NO R.O. BOX)		
E-MAIL ADDRESS (REQUIRED) / FA	AK (OPTIONAL)		CITY		
COUNTY OF DOMICILE	Action and the second		CITY	STATE	ZIP CODE AREA CODE/PHONE
RIVERSIDE	Moreno	IMITIBLIS ACTIVE	NAME OF PRINCIPAL OFFICER(5)		
	Tribitado	valley ca			
		•	STREET ADDRESS (NO P.O. BOX)		
Attach additional infor	mation on appropriately lab	peled continuation sheets.	CITY	STATE	
3. Verification				SINIE	ZIP CODE AREA CODE/PHONE
	ble diligence in present			A Charles Carlo Security	The state of the s
penalty of perjury unde	of the laws of the State of Co	ils statement and to the best of m	y knowledge the information	contained herein is true an	G Complete to the control of the con
	Int's left of Die			in a second	complete. I certify under
Executed on 1 18			ASSISTANT TREASURER		
10	DATE BY				
Executed on	ATE By		CARDIDATE, OR STATE MEASU		and the same of th
Executed on	Av	SIGNATURE OF CONTROLLING OF	PFICEHOLDER, CANDIDATE, OR STATE MEASUR	E PROPONENT	
DA	ATE DY		FICEHOLDER, CANDIDATE, OR STATE MEASUR		
			CENTULOER, CANDIDATE, OR STATE MEASUR	тизиополя з	The man

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  YEAR OF ELECTION  PARTY CHECK ONE  Nonpartisan  Nonpartisan  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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	RECEIVED  FORM 410  FORM 410  Page 2  COMMITTIE NAME  All committees must list the financial institution where the campaign bank account is located. OUNTY OF RIVERS  ADDITION OF RECEIVED  AREA CODE/PHONE  LIST THE PROPOSE TO THE PROPOSE THE ADDITION OF PROPOSE THE ADDITION OF THE PROPOSE THE P															
**RECEIVED**  **Page 2**  **COMMITTEE NAMES**  **All committees must list the financial institution where the campaign bank account is located. OUNTY OF RIVERS*  **All committees must list the financial institution where the campaign bank account is located. OUNTY OF RIVERS*  **NAME OF FINANCIAL INSTITUTION  **A. Type of Committee**  **Controlled Committee**  **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**  **Included Committee**  **Primarily formed to support or oppose specific candidates or measures in a single election. List below:  **CANDIDATE(s) OFFICE SOUGHT OR HELD OR MEASURES) JURISDICTION  **CANDIDATE(s) OFFICE SOUGHT OR HELD OR MEASURES) JURISDICTION	**REGEVED**  **Page 2**  **COMMITTER NAME**  **COMMITTER NAME**  **COMMITTER NAME**  **All committees must list the financial institution where the campaign bank account is located. DUNTY OF RIVERS.**  **All committees must list the financial institution where the campaign bank account is located. DUNTY OF RIVERS.**  **AMAGE OF FINANCIAL INSTITUTION  **ADOLESS**  **A. Type of Committee**  **COMMITTER NAME**  **COMMITTER NA			805 Mile 10 000 00			200	CO. LANSING MICH.	410							
All committees must list the financial institution where the campaign bank account is located. DUNTY OF RIVERS.  **All committees must list the financial institution where the campaign bank account is located. DUNTY OF RIVERS.  **Applies 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 affillated 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 VEAR OF PARTY CHICK ONE  **CILICATIVE OFFICE SOUGHT OR HELD NO MEASURE(S) JUNISDICTION  **Nonpartisan (list political party below)**  **Primarily Formed Committee**  **CANDIDATE(S) IMME OR MEASURE(S) JUNISDICTION**  **CANDIDATE(S) IMME OR MEASURE(S) JUNISDICTION**  **CANDIDATE(S) IMME OR MEASURE(S) JUNISDICTION**	All committees must list the financial institution where the campaign bank account is located. OUNTY OF RIVERS.  NAME OF PINANCIAL INSTITUTION  ADDRESS  A 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/GFFICEHOLDER/STATE MEASURE PROPONENT  EXECUTIVE OFFICE SOUGHT OR HELD  NON-PARTY CHICKONE  PARTY CHICKON	INSTRUCTIONS ON REVERSE	RECEIVED				TORW									
All committees must list the financial institution where the campaign bank account is located. DUNTY OF RIVERS.  AMAGE OF FINANCIAL INSTITUTION  ADDRESS  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/GFFICEHOLDER/STATE MEASURE PROPONENT  [INCLUDE DISTRICT NUMBER IF APPLICABLE]  Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  CANDIDATE(S) ANAME OR MEASURE(S) FALL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	All committees must list the financial institution where the campaign bank account is located. OUNTY OF RIVERS.  NAME OF PINANCIAL INSTITUTION  ADDRESS  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  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  Primarily Formed Committee  Primarily Formed Committee  Primarily Formed Committee  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT	COMMITTEE NAME														
AREA CODE/PHONE  AREA C	AASSA CODE/PHONE  AASSA CODE/P	Kamos For	14	C 2022 MAR 21/ PM	12736	22	I.D. NUMBER	1462	39							
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  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  CANDIDATE(S) JORIGE OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  CANDIDATE(S) JORIGE OR MEASURE(S) JURISDICTION	4. Type of Committee  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    Partisan   Par	All committees must list the financial institution where the campaign bank account is located COUNTY OF RIVERS.														
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  YEAR OF ELECTION  CHECK ONE  Nonpartisan  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) JURISDICTION  CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION	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)  Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  CANDIDATE(S) INAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  CHECK ONE  CHECK ONE  CHECK ONE	Altura CREDIT UNION	CODE/PHONE	BANK ACCOU	NT NUMBER											
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  YEAR OF ELECTION  PARTY CHECK ONE  Rect ONE  Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:  CANDIDATE(S) NAME OR NEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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  YEAR OF ELECTION  CHECK ONE  PARTY CHECK ONE  Partisan  (list political party below)  Nonpartsan  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.  CHECK ONE  CHECK ONE	4 Type of Committee Complete the section	Moler	u Valley	<u> </u>	G 9	250	53								
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  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  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) PULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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  YEAR OF ELECTION  PARTY CHECK ONE  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.  CHECK ONE			(												
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  YEAR OF ELECTION  PARTY CHECK ONE  Nonpartisan  Nonpartisan  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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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)  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 BIALLOT NO. OR LETTER)  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE	Controlled Committee														
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)  CANDIDATE(S) NAME OR MEASURE(S) JURISDICTION	• 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  YEAR OF PARTY CHECK ONE  PARTY CHECK ONE  Nonpartisan  Partisan  (list political party below)  Primarily Formed Committee  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.  CHECK ONE	<ul> <li>List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled,</li> <li>also list the elective office sought or held, and district number, if any, and the year of the election.</li> </ul>														
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT    CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)    CANDIDATE(S) OFFICE SOUGHT OR HELD   YEAR OF ELECTION   PARTY CHECK ONE     CANDIDATE(S) OFFICE SOUGHT OR HELD   YEAR OF ELECTION   PARTY CHECK ONE     CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  ELECTIVE OFFICE SOUGHT OR HELD  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  Party CHECK ONE  Party CHECK ONE  Party CHECK ONE  (Ilist 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.  CHECK ONE  CHECK ONE  CHECK ONE  CHECK ONE  CHECK ONE															
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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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.  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  ELECTION CHECK ONE  Nonpartisan Partisan (list political party below)  Primarily Formed Committee  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.  CHECK ONE	If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.														
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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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.  CHECK ONE	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		TARTI												
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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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.  CHECK ONE			8		Nonpartisan	Partisan	(list political pa	rty 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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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	Rohe Comos CI+	y Coun	CI/ DIST 1	2022	X										
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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		0			Nonpartisan	Partisan	(list political pa	rty below)							
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	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															
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  OF 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	Primarily Formed Committee Primarily formed to support or oppose spe	cific candidates c	or measures in a single ele	ction. List	below:										
TE A DECALL CTATE "DECALL" IN COOKE OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OF THE O	IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE															
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE	SUPPORT OPPOSE	IE A DECALL CTATE "DECALL" IN COOKE OF THE OFFICE HALL														
SUPPORT OPPOSE								SUPPORT	OPPOSE							

SUPPORT

OPPOSE