

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	06 / 25 / 2024

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
LA CANADA FLINTRIDGE JUL 1 2024 PM 2:21	

1. Committee Information I.D. Number 1463302
(If applicable)

NAME OF COMMITTEE
Fossan for La Canada City Council 2024

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY La Canada	STATE CA	ZIP CODE 91011	AREA CODE/PHONE [REDACTED]
--------------------------	--------------------	--------------------------	-------------------------------

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of La Canada Flintridge
--	---

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jeannie Chang

STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY La Canada	STATE CA	ZIP CODE 91011
--	--------------------------	--------------------	--------------------------

EMAIL ADDRESS OF TREASURER (REQUIRED)
[REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
--	--------------------	---------------------	------------------------

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
[REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
--	--------------------	---------------------	------------------------

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
[REDACTED] AREA CODE/PHONE [REDACTED]

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 6/25/24 By [REDACTED]
DATE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/25/24 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT