

**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 7/19/19

RECEIVED

JUL 22 2019

CITY CLERK

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

I.D. Number (if applicable) 1407276

NAME OF COMMITTEE
KEENER FOR COUNCIL 2018

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

CITY Pacific STATE CA ZIP CODE 94044 AREA CODE/PHONE [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____

NAME OF TREASURER
JOHN KEENER

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

CITY Pacific STATE CA ZIP CODE 94044 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 of California that the foregoing is true and correct.

Executed on 7/19/19 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/19/19 By [Signature]
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