

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

Type or print in Ink

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 1296281

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
CITY OF SANTA CLARITA  
2007 MAY 22 P 12:46  
RECEIVED

**CALIFORNIA  
FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Diane Trautman for City Council

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Clarita CA [REDACTED] [REDACTED]

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED], Santa Clarita, CA [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
Los Angeles

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Allan Trautman

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Clarita CA [REDACTED] [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
\_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

**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 5/17/07  
DATE

Executed on 5/17/07  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Allan Trautman  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Diane Trautman  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT