

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial

Not yet qualified  or

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

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# 1278529

12/12/08

Date of Termination

Date Stamp

CITY OF SANTA CLARITA

2008 DEC 19 P 12:36

RECEIVED  
CITY CLERKS OFFICE

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Michael Cruz For City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clara CA \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

SA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael Cruz

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 12/12/08  
DATE

Executed on 12/12/08  
DATE

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

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

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
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