

COPY

Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION

Statement Type [] Initial [] Not yet qualified [] or

[] Amendment List I.D. number: # _____

[x] Termination - See Part 5 List I.D. number: # 1322801 Date of Termination 6/30/10

Date qualified as committee

Date qualified as committee (if applicable)

Date Stamp: CITY OF SANTA CLARITA 2010 JUN 24 A 11:37 RECEIVED CITY CLERKS OFFICE CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE: MARILYN KAT FOR SANTA CLARITA CITY COUNCIL - 2010
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]
MAILING ADDRESS (IF DIFFERENT): [REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS:
COUNTY OF DOMICILE: LA 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: MARILYN KAT
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] 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:

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 8-2-10 DATE
Executed on 6-3-10 DATE
Executed on DATE
Executed on DATE

By [REDACTED] FOR ASSISTANT TREASURER
By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT