Statement of Organization Recipient Committee		een	STATEMENT OF ORGANIZATION					
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Statement Type	Initial	Amendment List I.D. number:		☐ Termination - See Part 5 List I.D. number:		a a		Official Use Only
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					in the office of the Sta	ne Secretary of	State	
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	Date qualified as committee	Date qualified as committee (if applicable)	Date (of Termination	JUL	11 2016		3-3 fp~ 0
1. Committee	Information		2.	Treasurer and C	Other Princ	ipal Office	916	
NAME OF COMMITT				NAME OF TREASURER	0 -			
	(d City Council	~ ~! !	STREET ADDRESS	<u> Ien</u>			
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OXNar		(905) 832-	<u> 2522.</u>	STREET ADDRESS	Me			
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JPEN				NAME AND POSITION OF C	THER PRINCIPAL	OFFICER(S), IF	APPLICABLE	۵
COUNTY OF DOMIC		ERE COMMITTEE IS ACTIVE IF DIFFER TY OF DOMICILE	KENI	MAILING ADDRESS				
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3. Verification								
I have used all I	reasonable diligence in preparir	ng this statement and to the bes	it of my kn <u>ow</u>	edge/the information co	intained herein	is true and co	mplete. I certii	y under penalty of
perjury under th	e laws of the State of California	that the foregoing is true and c	correct.	V		i		
Executed on	6-30-16	A professional pro		SACHATURE SACHATURE	OF TREASURER OR	A ODISTALIT THE A	a inggan	
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FPPC Form 410 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Respondent Committee

INSTRUCTIONS ON REVERSE

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4. Type of Committee Complete the applicable sections.

(outrelled committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and classics number, if any, and the year of the election.
- , List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- , If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

name of candidate/officeholder/etate measure proponent	ELECTIVE OFFICE SOU	YEAR OF BLECTION	PARTY '	all Valence is a prophet bling to the country						
Jack Villa	City Council	member	2016	₩ Non-Partisan						
	2			C Non-Parties						
Liet the financial institution where the campaign bank account is located (controlled "candidate election" committees only)										
NAME OF FINANCIAL INSTITUTION	AREA GODE/PHONE	BANK ADGOUN'	NUMBER							
ADDRESS.	diry	MATE	ZIP GGOR							
Primarily formed to support or oppose specific candidates or measures in a single election. List below:										
(CANDIDATR(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE SALLOT NO. OR	LETTER) CANDIDATE(S) 2	Pige Squaht or Held or N District NG., Gity or Coun	TY, AS APPLICABLE)	A THE RESIDENCE OF THE PARTY OF	ONE COPPOSE					
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