

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

08 / 13 / 24

☒ Amendment

Date qualification threshold met

08 / 13 / 24

☐ Termination – See Part 5

Date of termination

/ /

Date Stamp

RECEIVED

AUG 16 2024

TOWN OF LOOMIS

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1470453

NAME OF COMMITTEE

Jan Clark-Crets for Loomis Town Council - 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Loomis

STATE

CA

ZIP CODE

95650

AREA CODE/PHONE

[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

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

wishingwell143@att.net

COUNTY OF DOMICILE

Placer

JURISDICTION WHERE COMMITTEE IS ACTIVE

Town of Loomis

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jan Clark-Crets

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Loomis

STATE

CA

ZIP CODE

95650

EMAIL ADDRESS OF TREASURER (REQUIRED)

wishingwell143@att.net

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Loomis

STATE

CA

ZIP CODE

95650

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

[REDACTED]

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jan Clark-Crets

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Loomis

STATE

CA

ZIP CODE

95650

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

wishingwell143@att.net

AREA CODE/PHONE

[REDACTED]

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

8/15/24

By

[REDACTED]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/15/24

By

[REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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