

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

- Amendment
 Termination - See Part 5

Date qualification threshold met _____

Date of termination _____

**CALIFORNIA 410
FORM**

For Official Use Only

Date Stamp

RECEIVED

JUN 26 2024

TOWN OF LOOMIS

2. Treasurer and Other Principal Officers

1. Committee Information
(if applicable)

I.D. Number M166031

NAME OF COMMITTEE

YES FOR MEASURE C - CONTINUE FUNDING
LOOMIS LIBRARY

NAME OF TREASURER

Jan Clark-Crets

STREET ADDRESS (NO P.O. BOX)

[REDACTED] Wishing Well Way

CITY

Loomis CA 95650

STATE

ZIP CODE

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

F-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

ann.rielly.baker@gmail.com

COUNTY OF DOMICILE

Placer Loomis

NAME OF PRINCIPAL OFFICER(S)

Ann Baker

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Loomis CA 95650

STATE

ZIP CODE

AREA CODE/PHONE

[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

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 _____ By _____

DATE

6/26/24

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

[REDACTED]

Executed on _____ By _____

DATE

6/26/24

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

[REDACTED]

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent