Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☑ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp: RECEIVED JUL 31 2024 TOWN OF LOOMIS

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number (if applicable): 1466031

NAME OF COMMITTEE
YES FOR MEASURE C - CONTINUE FUNDING LOOMIS LIBRARY

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Loomis	CA	95650	[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
ann.rielly.baker@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Placer	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)	CITY	STATE	ZIP CODE
[redacted]	Loomis	CA	95650

EMAIL ADDRESS OF TREASURER (REQUIRED): wishingwell143@att.net
AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Paul Frank

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
3213 Halverson Way	Roseville	CA	95661

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED): paulanddarci@gmail.com
AREA CODE/PHONE: 916-899-0115

NAME OF PRINCIPAL OFFICER(S)
Ann Baker

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Loomis	CA	95650

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): ann.rielly.baker@gmail.com
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 07/25/24 (DATE) By Jan Clark-Crets — Digitally signed by Jan Clark-Crets Date: 2024.07.25 08:15:21 -07'00' (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/26/24 (DATE) By Ann Baker — Digitally signed by Ann Baker Date: 2024.07.26 12:15:37 -05'00' (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)