

RECEIVED

SEP 28 2022

TOWN OF LOOMIS

1453096

2-31

Rejected: [Signature]
Returned: [Signature]

Statement of Organization
Recipient Committee

Statement Type
 Initial
 Not yet qualified
 Date qualification threshold met
 Amendment
 Date qualification threshold met

Termination - See Part of the State of California
Date of termination

RECEIVED CALIFORNIA FORM 410
For Official Use
In the office of the Secretary of State of California

RECEIVED AND FILED
In the office of the Secretary of State of California

AUG 16 2022
AUG 20 2022

1. Committee Information <i>(If applicable)</i>		2. Treasurer and Delegates/Proprietors	
NAME OF COMMITTEE Amanda Cortez for Loomis Town Council 2022		NAME OF TREASURER Amanda Cortez	
STREET ADDRESS (NO P.O. BOX) [Redacted]		STREET ADDRESS (NO P.O. BOX) 3540 Sun Knoll Dr	
CITY Loomis	STATE Ca	ZIP CODE 95650	AREA CODE/PHONE 9165953937
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) cortez@loomis@gmail.com		STREET ADDRESS (NO P.O. BOX)	
CITY OF DOMICILE Place		CITY	
JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Loomis		STATE	
STREET ADDRESS (NO P.O. BOX)		ZIP CODE	
CITY		AREA CODE/PHONE	

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 08/15/22 By [Redacted]

Executed on 08/15/22 By [Redacted]

Executed on [Redacted] By [Redacted]

Executed on [Redacted] By [Redacted]

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

Amanda Cortez for Loomis Town Council 2022

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

US Bank

AREA CODE/PHONE

916-845-2657

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

Lincoln

STATE

Ca

ZIP CODE

95648

4. Type of Committee Complete the applicable sections.

Controlled 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 district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		CHECK ONE
			Nonpartisan	Partisan	
Amanda Cortez, CA		2022			X
Loomis Town Council			Nonpartisan	Partisan	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE