

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____

Termination - See Part 5
 Date of termination _____

Date Stamp
RECEIVED
SEP 03 2020
City Clerk's Office
City of Los Alamitos

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Doby for Los Al City Council District 1				NAME OF TREASURER Tanya Doby			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Los Alamitos	STATE CA	ZIP CODE 90720	AREA CODE/PHONE [REDACTED]	CITY Los Alamitos	STATE CA	ZIP CODE 90720	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Orange				CITY STATE ZIP CODE AREA CODE/PHONE			
JURISDICTION WHERE COMMITTEE IS ACTIVE Los Alamitos				NAME OF PRINCIPAL OFFICER(S) Tanya Doby			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY Los Alamitos			
[REDACTED]				STATE CA			
[REDACTED]				ZIP CODE 90720			
[REDACTED]				AREA CODE/PHONE [REDACTED]			

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of 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 information provided is true and correct.

Executed on 9/3/20 By [REDACTED]

Executed on 9/3/20 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____