

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met
_____ / _____ / _____	_____ / _____ / _____	Date of termination 01 / 31 / 2023

Date Stamp
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CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 1448955 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Fred Sykes for City Council 2022		NAME OF TREASURER Dana Sykes		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]		STATE	ZIP CODE	AREA CODE/PHONE	
CITY [REDACTED]		STATE		ZIP CODE	AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)		CITY			
		CITY		STATE	ZIP CODE	AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 1/31/2023 By _____

Executed on 1-31-2023 By _____

Executed on _____ By _____

Executed on _____ By _____

PROPONENT

PROPONENT

PROPONENT