

**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	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 28 / 2020

Date Stamp RECEIVED CITY OF CARPINTERIA JAN 04 2020 FIDELA GARCIA CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		I.D. Number 1347188 <i>(if applicable)</i>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Fred Shaw for City Council 2016		NAME OF TREASURER Lisa Guravitz		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY		STATE	ZIP CODE	AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) FredShaw4Carp2gmail.com		STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Santa Barbara		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Carpinteria		NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE

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	<u>01/01/2021</u>	By	[REDACTED]
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
Executed on	<u>1/1/2021</u>	By	[REDACTED]
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT