Statement of Organization Recipient Committee Recipient Committee California						Returned:	PAA 1"	7-23-2022
Statement Type Initial		_				ANDERED		
1. Committee Information D. Number 2. Treasurer and Other Principal Officers NAME OF GRANDERS NAME O	Statement Type	Not yet qualified	☐ Amendment	☐ Termination – Se	e Part 5 of the State	of California	Far O	
NAME OF COMMITTEE FOR ECONOMIC HOURS. STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX		1	Date qualification threshold met	Date of termination		6968	TOWN OF MA OFFICE OF TH	MMOTH LAKES E TOWN CLERK
NAME OF COMMITTEE FOR ECONOMIC HEARTH STREET ADDRESS IND FO BOX STREET ADDRESS IND FO BOX STREET ADDRESS IND FO BOX CITY STATE 70 CODE AREA CODE/PHONE CITY STREET ADDRESS IND FO BOX AREA CODE/PHONE COUNTY OF BOX AREA CODE/PHONE AREA C	1. Committe	e Information I.D. Numb	per	2. Treasu	er and Other Pr	incipal Officers		
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 May De foregoing is true and correct. Executed on OATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANGIDATE, OR STATE MEASURE PROPONENT EXECUTED OF STATE MEASURE PROPONENT EXECUTED OF TREASURER OR ASSISTANT TREASURER PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANGIDATE, OR STATE MEASURE PROPONENT Executed on By	NAME OF COMMITTEE		ealth	Kenne	the G. Bre	engle, Jr.		
EMAIL ADDRESS IR DIFFERINT COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE MONO AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.	STREET ADDRESS (NO P.O	. BOX) //		CITY	11 . /	STATE	7IP CODE	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 Attach of California A	CiTY	STATE 216	CODE AREA CODE/PHONE	NAME OF ASSISTAN	T TREASURER, IF ANY			
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 has the foregoing is true and correct. Executed on Date By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	FULL MAILING ADDRESS	(IF DIFFERENT)	/ 04	STREET ADDRESS (N	IO P.O. BOX)			
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 transport treasures of treasures or assistant treasures Executed on Date By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT				CITY		STATE	ZIP CODE	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 Californa that the foregoing is true and correct. Executed on	10/1	JURISDICTION WHERE C	hlakes/Molocus	NAME OF PRINCIPA	Hqee			
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 Californa May The foregoing is true and correct. Executed on Executed on Date By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By				STREET ADDRESS AN	O P.O. BOTH	A		
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	Attach addition	al information on appropriately	labeled continuation sheets.	СІТУ	1/ . /	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perjury under the laws of the State of Californ A partie foregoing is true and correct. Executed on 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 Executed on By Signature of Controlling Officeholder, Candidate, Or State Measure Proponent Executed on By	3. Verificatio	n region in the second						ACT THE REAL PROPERTY.
Executed onByBy	penalty of perju	easonable diligence in preparing ry under the laws of the State of the	f Californ a Mia The foregoing	is true and correct.	TANT TREASURER		nd complete.	certify under
		Ву						

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

CALIFORNIA 410

STRUCTIONS ON REVERSE						/ I XIVI	
STRUCTIONS ON REVERSE					Page 2		
Committee for Economic Health	á				I.D. NUMBER		
All committees must list the financial institution where the ca	ampaign bank account is locate	d.					
AME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	AREA CODE/PHONE BANK ACCOUNT NUMBER					
DDRESS	CITY	CTATC					
	CITY	STATE	112 5 - 2	PIP CODE			
4. Type of Committee Complete the applicable sections.					Mile and		
ontrolled Committee			Mining and Report of				
also list the elective office sought or held, and district number, List the political party with which each officeholder or candidat If this committee acts jointly with another controlled committee	te is affiliated or check "nonpart	isan." Stating "No on number of the o		lled committe	e.		
				Nonpartisan	Partisan	(list political pa	arty below)
				Nonpartisan	Partisan	(list political pa	erty below)
Primarily Formed Committee Primarily formed to support or of the control of the	TTER) CANDIDAT	easures in a single E(S) OFFICE SOUGHT OR CLUDE DISTRICT NO., CIT	HELD OR MEASU	JRE(S) JURISDICTIO	ON	CHEC	KONE
						SUPPORT	OPPOSE
					-	SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA

		1	rage 3
Committee for Economic Health			I.D. NUMBER
4. Type of Committee (Continued)			
General Purpose Committee Not formed to support or oppose CITY Committee	specific candidates or measures in a single ele	ection. Check only one box: STATE Committee	
Support Candidates for Town Cow	icil, Town of Mannolli	Lakes, (A 93546.	
Sponsored Committee List additional sponsors on an attachmen	nt.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee			

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.