Statement of C	Organization	Date Stamp	E CALISORNIA						
Recipient Con	nmittee		TE TE TE TO THE TENT OF THE TE						
Statement Type	☐ Initial ○ Not yet qualified	☑ Amendment	☐ Termination – See Part 5		For Official Use Only MAR 9 2022				
	O Date qualification threshold met	Date qualification threshold met	Date of termination						
A TOTAL CONTRACTOR OF THE PARTY	minimum in the second of the s	03 / 09 / 2022			Ву				
1. Committee	Information I.D. Numbe	er 1441955	2. Treasurer and	Other Principal Officers					
NAME OF COMMITTEE	ју оружашеу		NAME OF TREASURER						
LOPEZ-TAFF F	OR CITY COUNCIL FOR 2022		MARIJANE LOPEZ-	TAFF					
			STREET ADDRESS (NO P.O. BOX)		No. of the Control of				
STREET ADDRESS (NO P.O.	BOX)		GIT	STATE	ZIP CODE AREA CODE/PHONE				
			CITRUS HEIGHTS	CA	95610				
CITY	STATE ZIP C		NAME OF ASSISTANT TREASURER,	IF ANY					
CITRUS HEIGH		510							
FULL MAILING ADDRESS (I	FOIFFERENT		STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUIR			CITY.	STATE	ZIP CODE AREA CODE/PHONE				
JANE.TAFF@GN	MAIL.COM								
COUNTY OF DOMICILE	JURISDICTION WHERE COM		NAME OF PRINCIPAL OFFICER(S)	The state of the s					
SACRAMENTO	CITY OF CITRU	S HEIGHTS							
			STREET ADDRESS (NO P.O. BOX)						
			CITY						
Attach additional	information on appropriately la	beled continuation sheets.	CHY	STATE	ZIP CODE AREA CODE/PHONE				
3. Verification	ı								
I have used all rea	asonable diligence in preparing t	his statement and to the hest	of my knowledge the informat	on contained hardy la tore					
penalty of perjur	under the laws of the State of	taliforn/a)that the Aregoing is	true and correct.	on contained herein is true	and complete. I certify under				
	9/2022	TEL STREWING TO A TOPPO	100						
Executed on DATE DATE DATE By SIGNATURE OF MEASURER OR ASSISTANT TREASURER SIGNATURE CONTRICTIONS OF BUCK DUBBER, CANDIDATE, OR STATE MEASURE PROPONENT									
Executed on	Ву	4 00							
	DATE	SIGNATURE OF CONTRO	DILING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT	Administrative medicine medicale				
Executed on	DATE By	FIGURATION OF THE PARTY OF THE	DI BE OFFICE OF A CONTROL OF THE CON		epholor William Antonio contrasticum				
		SIGNATURE OF CONTRO	DILING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT					

FPPC Form 410 (August/2018)
FPPC Advice: advice@ippc.cs.gov (856/275-3772)
www.fopc.cs.gov

Statement of Organization Recipient Committee								CALIFORNIA 410			
LOPEZ-TAFF FOR CITY COUNCIL FOR 2022								LD. NUMBER 1441955			
All committees must list the financial institution where the ca	mpaign ba	nk account is located.	anny fian'ny tanàna mandritry no taona dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina d			144755		A STATE OF THE PARTY AND ADDRESS OF			
NAME OF FINANCIAL INSTITUTION	OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER										
WELLS FARGO											
ADDRESS	CITY		STATE	Z	IP CODE						
6047 SUNRISE BLVD.		CITRUS HEIGHTS			95610						
4. Type of Committee Complete the applicable sections.											
Controlled Committee	No. Sterilli, Lancard S. Sp., July	The second of th	and the second section of the section of the section of the second section of the secti		PROUPAGE INCOME.		· ve (reconsequipment and				
List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number, i	te measure if any, and i	proponent. If candida the year of the election.	te or officeholder	controlled	Å,						
List the political party with which each officeholder or candidate	e is affiliate	ed or check "nonpartisar	n." Stating "No pa	rty prefer	ence" is accep	table					
If this committee acts jointly with another controlled committee	e, list the n	ame and identification r	number of the oth	er control	led committe	ė.					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD YEAR OF (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION			PARIY CHECKONE						
MARIJANE LOPEZ-TAFF	CITY COUNCIL MEMBER, DIST 2		ST2	2022	Nonpartisan	Partisan	(list political pa	rty below}			
					Nonpartisan	Partisan	(list political pa	rty below)			
Primarily Formed Committee Primarily formed to support or o	ppose spec	ific candidates or measi	ures in a single ele	ection. List	t below:		***************************************				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE(S)	OFFICE SOUGHT OR HE DE DISTRICT NO., CITY O	LD OR MEASU	RE(S) JURISDICTIO	0N	CHEC	ONE			
	- coord or construction						SUPPORT	OPPOSE			
					PP PP (PP shirt) (shirt) (shirt) and a second consistency of the shirt) (shirt) (shirt	With the transfer to the consumer of	SUPPORT	OPPOSE			
							JOPPORT	OFFOSE			