

**Statement of Organization  
Recipient Committee**

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1298446

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified

or

Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(If amending to provide this date)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of termination

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
AUG 23 2017

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

I.D. Number (if applicable)

**2. Treasurer and Other Principal Officers**

*[Handwritten Signature]*

NAME OF COMMITTEE

Jenny T. Sarmiento for Watsonville City Council 2018

NAME OF TREASURER

Danielle T. Sarmiento

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Watsonville CA 95076 831-[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Watsonville CA 95076 831-[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

[Redacted]

NAME OF PRINCIPAL OFFICER(S)

COUNTY OF DOMICILE

Santa Cruz

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Watsonville

STREET ADDRESS (NO P.O. BOX)

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

Executed on August 20, 2017  
DATE

By

[Redacted Signature]

Executed on August 20, 2017  
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 \_\_\_\_\_  
DATE

By

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Jenny T. Sarmiento for Watsonville City Council 2018

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Jenny T. Sarmiento	Watsonville City Council, District 4	2018	<input type="checkbox"/> Nonpartisan Democrat
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>