

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment | <input 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 |
| ____/____/____ | ____/____/____ | ____/____/____ |



CALIFORNIA FORM 410
For Official Use Only

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|---|---|-------------------|-------------------------------|--|-------------|-------------------|-------------------------------|
| I.D. Number 1452697 <small>(if applicable)</small> | | | | NAME OF TREASURER James Eble | | | |
| NAME OF COMMITTEE Saemann for Hermosa Council 2022:Rob | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | CITY Gardena | STATE CA | ZIP CODE 90248 | AREA CODE/PHONE [REDACTED] |
| CITY Hermosa Beach | STATE CA | ZIP CODE 90254 | AREA CODE/PHONE [REDACTED] | NAME OF ASSISTANT TREASURER, IF ANY Rob Saemann | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | CITY Hermosa Beach | STATE CA | ZIP CODE 90254 | AREA CODE/PHONE [REDACTED] |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach | | | 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

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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| | |
|---|------------------------|
| COMMITTEE NAME Saemann forHermosa Council 2022;Rob | I.D. NUMBER 1452697 |
|---|------------------------|

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

| | | |
|--|---------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION First Citizens Bank | AREA CODE/PHONE 310 214 7941 | BANK ACCOUNT NUMBER [REDACTED] |
|--|---------------------------------|-----------------------------------|

| | | | |
|-------------------------------|-----------------------|-------------|-------------------|
| ADDRESS 2233 Artesia Blvd. | CITY Redondo Beach | STATE CA | ZIP CODE 90278 |
|-------------------------------|-----------------------|-------------|-------------------|

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." Stating "No party preference" is acceptable
- 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 CHECK ONE | | |
|--|---|------------------|--|----------|------------------------------|
| Rob Saemann | City of Hermosa Beach Council Member | 2022 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |