

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
_____ / _____ / _____	_____ / _____ / _____

Date of termination

7, 22, 20

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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1413877 <small>(if applicable)</small>				NAME OF TREASURER Bill Nicolls			
NAME OF COMMITTEE PRE-ELECT BARBARA				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY GROVER BEACH,	STATE CA	ZIP CODE 93433	AREA CODE/PHONE
CITY GROVER BEACH	STATE CA	ZIP CODE 93433	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY N/A			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE SAN LUIS OBISPO	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S) N/A			
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 State of California that the foregoing is true and correct.

Executed on	12-23-21	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
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	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT