

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" 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
____/____/____	____/____/____	12 / 31 / 2022

Date Stamp RECEIVED BY LOS ANGELES CO 2023 JAN 30 PM 2:46 CAMPAIGN FINANCE 1/27/23 (1)	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Strom for High School Board				NAME OF TREASURER Susan Strom				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY Lancaster				STATE CA		ZIP CODE 93536		AREA CODE/PHONE	
CITY Lancaster		STATE CA		ZIP CODE 93536		AREA CODE/PHONE 6615472006		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) suzala18@gmail.com				STATE				ZIP CODE		AREA CODE/PHONE			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S) Susan Strom				STREET ADDRESS (NO P.O. BOX)					
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY Lancaster				STATE CA		ZIP CODE 93536		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

Executed on	<u>12/31/22</u>	DATE	ASSISTANT TREASURER
Executed on	<u>12/31/22</u>	DATE	DIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT