

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 <input type="checkbox"/> Date of termination _____/_____/_____
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RECEIVED CITY CLERK AUG 23 2022 CITY OF BIG BEAR LAKE	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF ASSISTANT TREASURER, IF ANY			
Committee to Elect Jim Eakin to City Council 2022				Ron Krueper							
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]				[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Big Bear Lake	CA	92315	[REDACTED]	Big Bear Lake	CA	92315	[REDACTED]				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]				[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				CITY			
[REDACTED]				[REDACTED]				[REDACTED]			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)				NAME OF PRINCIPAL OFFICER(S)			
San Bernardino	City of Big Bear Lake										
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				[REDACTED]				[REDACTED]			
				CITY				CITY			
				[REDACTED]				[REDACTED]			

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	<u>8/22/22</u>	By	<u>[Signature]</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>8/22/22</u>	By	<u>[Signature]</u>	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Jim Eakin to City Council 2022	I.D. NUMBER
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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." 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		
Jim Eakin	City Council District 1	2022	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		
			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