

**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


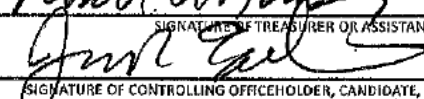
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JAN 24 2023
CITY OF BIG BEAR LAKE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number <i>(if applicable)</i></p> <p>NAME OF COMMITTEE Committee to Elect Jim Eakin to City Council 2022</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Big Bear Lake CA 92315 [REDACTED]</p> <p>FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Big Bear Lake, CA 92315</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]</p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE San Bernardino City of Big Bear Lake</p>	<p>NAME OF TREASURER Ron Krueper</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Big Bear Lake CA 92315 909-838-8249</p> <p>NAME OF ASSISTANT TREASURER, IF ANY Jim Eakin</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Big Bear Lake CA 92315 949-378-8936</p> <p>NAME OF PRINCIPAL OFFICER(S) [REDACTED]</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p>
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	

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	1/24/2023	By	
	<small>DATE</small>		<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	1/24/2023	By	
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee to Elect Jim Eakin to City Council 2022			I.D. NUMBER 1453548	
<p>All committees must list the financial institution where the campaign bank account is located.</p>				
NAME OF FINANCIAL INSTITUTION First Foundation Bank	AREA CODE/PHONE 909-866-5861	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS 40865 Big Bear Blvd	CITY Big Bear Lake	STATE CA	ZIP CODE 92315	

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 <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