

**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 06 / 01 / 2022

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**JUL 05 2022**

**CALIFORNIA FORM 410**  
For Official Use Only  
RECEIVED  
SENDA PEREZ, COUNTY CLERK  
JUL 6 7 2022

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1443969 <small>(if applicable)</small>				[REDACTED]			
NAME OF COMMITTEE Committee Supporting the Recall of Councilors Domenighini, Hansen, and Warren				NAME OF TREASURER Roberta Asbury			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-518-9276	CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-518-9276
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Willows, CA 95988				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Willowsvoters@gmail.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Glenn	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Willows			NAME OF PRINCIPAL OFFICER(S) Roberta Asbury			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Willows	STATE CA	ZIP CODE 95988	AREA CODE/PHONE 530-518-9276
<b>3. Verification</b>							

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 6/29/22 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT