

Statement of Organization
Recipient Committee

Statement Type Initial or
Not yet qualified or

Amendment List I.D. number: # _____
 Termination - See Part 5 List I.D. number: # _____

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee (if applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Stephanie Klopfenstein for City Council District 5
12511 Pine St.
Garden Grove CA 92840 714-510-0341
CITY STATE ZIP CODE AREA CODE/PHONE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Stephanie Klopfenstein
STREET ADDRESS (NO P.O. BOX)
12511 Pine St. Garden Grove CA 92840 714-510-0341
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 8-11-16 By Stephanie Klopfenstein

Executed on 8-15-16 By Stephanie Klopfenstein

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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