

**Statement of Organization
Recipient Committee**

Statement Type Initial
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

CALIFORNIA 410
FORM

For Official Use Only

Date Stamp

1. Committee Information

NAME OF COMMITTEE
Stephanie Klopfenstein for City Council
District 5 2016

STREET ADDRESS (NO P.O. BOX)
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

Mailing Address (if different)

FAX / E-MAIL ADDRESS
Vote4stephanie@gmail.com

COUNTY OF DOMICILE
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
Garden Grove

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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 8-29-16 BY Stephanie Klopfenstein
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-29-16 BY Stephanie Klopfenstein
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Stephanie Klopfenstein for City Council District 5 2016

- 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

Controlled Committee

Complete the applicable sections

- 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."
- 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

Stephanie Klopfenstein

Council member District 5 2016

Nonpartisan

Nonpartisan

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)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE