

**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	<input type="radio"/> Date qualification threshold met	Date of termination <u>12/09/20</u>

Date Stamp	CALIFORNIA FORM 410
Received At Counter	For Official Use Only
JAN 07 2021	
City of Live Oak	

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Comitte to Elect Lakhvir S Ghag 2020</u>			NAME OF TREASURER <u>Jiwan S Ghag</u>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE <u>Live oAK Ca 95953 530-301-3851</u>			CITY STATE ZIP CODE AREA CODE/PHONE <u>Live oAK Ca 95953 530-301-5050</u>			
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY <u>Amarjit K. Ghag</u>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>Lsghag @ Yahoo. Com</u>			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE <u>Sutter</u>			CITY STATE ZIP CODE AREA CODE/PHONE <u>Live oAK CA 95953 530-301-3852</u>			
JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Live oAK</u>			NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]			STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			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 information provided is true and correct.

Executed on 1-7-2021 By [REDACTED] TREASURER

Executed on 1-7-2021 By [REDACTED] DATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT