

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input 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	<input type="radio"/> Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
JAN 29 2021
By _____

I.D. Number 1428422 <small>(if applicable)</small>							
NAME OF COMMITTEE RACHEL RADELL-HARRIS FOR AUBURN CITY COUNCIL 2020				NAME OF TREASURER DELONA ARCHER			
STREET ADDRESS (NO P.O. BOX) 11180 ROSEMARY DRIVE				STREET ADDRESS (NO P.O. BOX) 213 ELECTRIC STREET			
CITY AUBURN	STATE CA	ZIP CODE 95603	AREA CODE/PHONE 530-237-4055	CITY AUBURN	STATE CA	ZIP CODE 95603	AREA CODE/PHONE 530-305-9458
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) rachelforauburn@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE PLACER		JURISDICTION WHERE COMMITTEE IS ACTIVE AUBURN CITY COUNCIL		NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

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 1/29/21 By *Delona Archer*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/29/21 By *[Signature]*
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