	Not yet quelified as committee Date qualified as committee		/		RECEIV CITY CL	ED CALIFO		
Statement Type	Not yet qualified [X] or	#	List I.D. number: # Date of Termination	_ 1	is SEP +38° CITY OF CA	AN 9:54 ARSON	r Official Use Only	
	nformation :			irer and Other Pr	incipal Officer	• • • • • • • • • • • • • • • • • • • •		
TAYONT	A EKWEGH FOR	CARSON City Chung		REASURER OHNY FKW RESS (NO R.B., BOX)	egh 1781	10 Flm Ct	0	
			^	rson	<u>Ca</u>	90746 ZIP CODE	310-704-5665 AREA CODE/PHONE	
_	Ca	90746 810-6	54-6689 TA	VONIA EKU	wegh			
CITY	•	ZIP CODE AREA CODE		SSISTANT TREASURER, IF ANY 8 LD 5/M RESS (NO P.O. BOX)	Gt.			
drekw	egh@outlook. Cor	γ1	^	rsun	ON	90746	310-654-6689	
FAX / E-MAIL ADDRESS	Jurisoiction whi	ERE COMMITTEE IS ACTIVE		ONTA EKUL	gh & Timo	thy 15KW	edh	
Los An	geles			olo Elm	Ct.			
				MESS (NO P.O. BOX)	<u>Ca</u> STATE	90746	30-654-6689	
Attach additiona	i information on appropriate	ly labeled continuation shee	ets.					
	reasonable diligence in prepa ury under the laws of the Sta				ntained herein is t	true and complete	e. I certify under	
Executed on	09-07-16 By_	11 hock	SIGNATURE OF TREASURER O	M ASSISTANT TREASURER				
Executed on	09/07/2016 By_	SIGNATUR	E OF CONTROLLING OFFISCHOLDER, C		PROPONENT			
Executed on	DATE By	SIGNATUR	E OF CONTROLLING OFFICEHOLDER, C	ANDIDATE, OR STATE MEASURE	PROFOMENT			
Executed on	DATE By	SIGNATU	RE OF CONTROLLING OFFICEHOLDER, C	CANDIDATE, OR STATE MEASURE	PROPONENT			

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee				ALIFORNIA A A
•				FORM 410
NSTRUCTIONS ON REVERSE	Page	Page 2		
DAMNITTEE NAME TAYONIA EKWEYH FOR CARSON CITY	-	LD. NUMBER Pending		
All committees must list the financial institution where the campaign bar	nk account is located.	•		J
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT IN	IMBER	
California Credit Union	800-334-87	8-8		
633 E. University Drive, Suite A.	Carsun	STATE Co.	214 CODE 90746	
List the name of each controlling officeholder, candidate, or state of district number, if any, and the year of the election. List the political party with which each officeholder or candidate is if this committee acts jointly with another controlled committee, lithing the proponent of the pro	affiliated or check "nonpartis	an." number of the other co DUGHT OR HELD	ŕ	ve office sought or held, and
TAVONIA EKWEAH	CARESON City C		0016	Nonpartisan Democratic
Primarily Formed Committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to support or opposition of the committee Primarily formed to supposition of t	CANDIDAT	E(S) OFFICE SOUGHT OR HELD C		