

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  
Not yet qualified  or

~~EMERGENCY~~  
List I.D. number: # 1390411

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_

10 / 4 / 2016  
Date qualified as committee

10 / 4 / 2016  
Date qualified as committee  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED  
CITY CLERK**  
**16 OCT -5 PM 5:54**  
**CITY OF CARSON**

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
TAVONIA EKWEGH FOR City Council 2016  
STREET ADDRESS (NO P.O. BOX)  
Carson Ca. 90746 (310)654-6689  
CITY STATE ZIP CODE AREA CODE/PHONE  
MAILING ADDRESS (IF DIFFERENT)  
Same as above  
FAX / E-MAIL ADDRESS  
dr. ekwegh@vthlook.com  
COUNTY OF DOMICILE  
Los Angeles  
JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Timothy Ekwegh 17810 Elm Ct  
STREET ADDRESS (NO P.O. BOX)  
Carson Ca. 90746 310-654-6689  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF ASSISTANT TREASURER, IF ANY  
TAVONIA Ekwegh  
STREET ADDRESS (NO P.O. BOX)  
17810 Elm Ct  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF PRINCIPAL OFFICER(S)  
TAVONIA Ekwegh & Timothy Ekwegh  
STREET ADDRESS (NO P.O. BOX)  
17810 Elm Ct  
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 10/5/2016 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 10/5/2016 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

TAVONIA EKWEGBI FOR CARSON CITY COUNCIL 2016

I.D. NUMBER

139 0411

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Credit Union	AREA CODE/PHONE 800-334-8788	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 633 E. University Drive, Suite A, Carson, Ca. 90746	CITY	STATE	ZIP CODE

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- 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
TAVONIA EKWEGBI	Carson City Council	2016	<input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> Democrat
			<input type="checkbox"/> 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>