

**Statement of Organization
Recipient Committee**

B19 Type or print in ink

1341051

STATEMENT OF ORGANIZATION

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California	
DEC 13 2011	For Official Use Only
DEBRA BOWEN Secretary of State	<i>RB</i>

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)

1341051

12 / 5 / 11
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Janet Rock Little Lake CSD 2011

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Fe Springs	Ca	90670	5628632350

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

jrockmom@aol.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Elizabeth Rock

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Fe Springs	CA	90670	562

NAME OF ASSISTANT TREASURER, IF ANY

John Rock

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Fe Springs	CA	90670	5628632350

NAME OF PRINCIPAL OFFICER(S)

Erin Argott

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Fe Springs	CA	90670	5629291607

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 12/7/2011
DATE

By *Elizabeth Rock*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/7/2011
DATE

By *John Rock*
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 12/7/2011
DATE

By *[Signature]*
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent