

**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
____/____/____	____/____/____	02 / 04 / 20

Date Stamp RECEIVED CITY CLERK FEB 03 2021 CITY OF BIG BEAR LAKE	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		I.D. Number 1433779 <small>(if applicable)</small>		NAME OF TREASURER			
JACKOWSKI FOR CITY COUNCIL 2020				ROBERT JACKOWSKI			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
BIG BEAR LAKE	CA	92315	[REDACTED]	BIG BEAR LAKE	CA	92315	7144741045
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
SAN BERNARDINO	CITY OF BIG BEAR LAKE						
[REDACTED]				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
[REDACTED]				CITY			
[REDACTED]				STATE			
[REDACTED]				ZIP CODE			
[REDACTED]				AREA CODE/PHONE			
[REDACTED]				[REDACTED]			

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	<u>02/03/2020</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>02/03/2020</u>	By	
	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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I.D. NUMBER

COMMITTEE NAME

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 "non-partisan."
- 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
ROBERT JACKOWSKI	CITY COUNCIL MEMBER DISTRICT 5	2020	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
US BANK		[REDACTED]		
ADDRESS	CITY	STATE	ZIP CODE	

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