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CITY CLERK'S OFFICE

**Statement of Organization
 Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____

Termination - See Part 5
 Date of termination
 12/31, 2021

RECEIVED AND FILED
 in the Office of the Secretary of State
 of the State of California

CALIFORNIA FORM 410
 For Official Use Only

JAN 24 2022

1. Committee Information

I.D. Number
 (if applicable) 1403450

NAME OF COMMITTEE
 Anne Souza for City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Campbell	Ca	95008	408-314-0883

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 annesouzavote@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Anne Souza

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Campbell	CA	95008	408-314-0883

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 information provided is true and correct.

Executed on 1/15/2022 By _____

Executed on 1/15/2022 By _____

Executed on _____ By _____

Executed on _____ By _____