

**Statement of Organization  
Recipient Committee**

FILED THIS DATE IN THE OFFICE  
OF THE CITY CLERK OF THE CITY  
OF CHINO

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input 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
____/____/____	6 / 19 / 2020	____/____/____
		City Clerk, <u>Cen</u>
		Deputy City Clerk, _____

OCT 30 2020

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE <b>Karen Comstock for Chino City Council, District 4, 2020</b>				NAME OF TREASURER <b>Paula Arnold</b>			
STREET ADDRESS (NO P.O. BOX) <b>4208 Denali Lane</b>				STREET ADDRESS (NO P.O. BOX) <b>2930 Dapplegray Lane</b>			
CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>	AREA CODE/PHONE <b>562-481-2144</b>	CITY <b>Norco</b>	STATE <b>CA</b>	ZIP CODE <b>92860</b>	AREA CODE/PHONE <b>909-720-0686</b>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>comstock4chino@gmail.com</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>San Bernardino</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Chino</b>			NAME OF PRINCIPAL OFFICER(S) <b>Karen Comstock</b>			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX) <b>4208 Denali Lane</b>			
				CITY <b>Chino</b>	STATE <b>CA</b>	ZIP CODE <b>91710</b>	AREA CODE/PHONE <b>562-481-2144</b>

**3. Verification**

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 10-30-20 By \_\_\_\_\_  
DATE

Executed on 10-30-2020 By \_\_\_\_\_  
DATE

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 Karen Comstock for Chino City Council, District 4, 2020	I.D. NUMBER 1425884
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE 909-591-3941	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 5455 Riverside Drive	CITY Chino	STATE CA	ZIP CODE 91710

**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." Stating "No party preference" is acceptable
- 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 CHECK ONE		
Karen C. Comstock	Chino City Council District 4	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE