

**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	Date qualification threshold met ____/____/____	Date of termination 06 / 30 / 2021

RECEIVED
Date Stamp

JUL 26 2021

TOWN OF WINDSOR

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) 1437486				NAME OF TREASURER Jeffrey Leasure			
NAME OF COMMITTEE J Leasure For Windsor Town Council 2021				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Windsor	STATE Ca	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]
CITY Windsor	STATE Ca	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY NA			
FULL MAILING ADDRESS (IF DIFFERENT) NA				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Sonoma	JURISDICTION WHERE COMMITTEE IS ACTIVE Town Of Windsor Ca			NAME OF PRINCIPAL OFFICER(S) NA			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparation of this statement and certify that 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

the information contained herein is true and complete. I certify under

Executed on 7/20/21 By [Signature]
 Executed on 7/20/21 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME J Leasure For Windsor Town Council 2021	I.D. NUMBER 1437486
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Exchange Bank	AREA CODE/PHONE 7075243000	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 545 Fourth Street	CITY Santa Rosa	STATE Ca	ZIP CODE 95401

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		(list political party below)
			Nonpartisan	Partisan	
Jeffrey Leasure	Windsor Town Councilmember	2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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