

**Statement of Organization  
Recipient Committee**

**RECEIVED**

Date Stamp

**MAR 25 2021**

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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**TOWN OF WINDSOR**

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

**3. Verification**

I have used all reasonable diligence in preparing 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.

Executed on 3/21/21 By \_\_\_\_\_  
 Executed on 3/21/21 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
 TREASURER  
 \_\_\_\_\_  
 STATE MEASURE PROPONENT  
 \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 \_\_\_\_\_  
 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  
J Leasure For Windsor Town Council 2021

**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]
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ADDRESS 545 Fourth Street	CITY Santa Rosa	STATE Ca	ZIP CODE 95401
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**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		
Jeffrey Leasure	Windsor Town Councilmember	2021	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