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SEP 24 2024

WOODSIDE TOWN HALL

Statement of Organization
Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
VanDervort Wagner, Alayna
District 5 Town of Woodside
2024 Council member

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Woodside CA 94062 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
info@Wagner4Woodside.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo District 5

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Alayna VanDervort Wagner

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] Woodside, CA 94062

EMAIL ADDRESS (REQUIRED) AREA CODE/PHONE
info@Wagner4Woodside.com [REDACTED]

NAME OF ASSISTANT TREASURER (IF ANY)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

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 9-24-24 By Alayna VanDervort Wagner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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)

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER (CANDIDATE OR STATE MEASURE PROPONENT)