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

1. Committee Information
   NAME OF COMMITTEE: Friends to Elect Pam Johnson to Westlake Village City Council 2022

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Pam Johnson

   STREET ADDRESS (NO P.O. BOX):

   CITY: 
   STATE: 
   ZIP CODE: 
   AREA CODE/PHONE: 8186012246

   NAME OF ASSISTANT TREASURER, IF ANY:

   STREET ADDRESS (NO P.O. BOX):

   CITY: 
   STATE: 
   ZIP CODE: 
   AREA CODE/PHONE: 8186020052

   NAME OF PRINCIPAL OFFICER(S):

   STREET ADDRESS (NO P.O. BOX):

   CITY: 
   STATE: 
   ZIP CODE: 
   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.

   Executed on August 16, 2022
   By

   Executed on August 16, 2022
   By

   Executed on
   By

   Executed on
   By

   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   FPPC Form 410 (August/2018)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
Statement of Organization
Recipient Committee

COMMITTEE NAME
Friends to Elect Pam Johnson to Westlake Village City Council 2022

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
None Not qualified

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Johnson</td>
<td>Westlake Village City Councilmember</td>
<td>2022</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Party</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
</tbody>
</table>

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) |
| CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) |
| CHECK ONE |

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
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