

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination <u>06/04/2018</u>
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Date Stamp
RECEIVED

DEC 18 2018

CITY CLERK

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information	I.D. Number (if applicable) <u>1286593</u>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE

Teresa Barrett for Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952
Petaluma CA 94953-0901

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sonoma | Petaluma

NAME OF TREASURER

Frances Wilson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA

NAME OF ASSISTANT TREASURER, IF ANY

Teresa Barrett

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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	<u>12-18-2018</u>	By	<u>Teresa Barrett</u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>12-18-2018</u>	By	<u>Teresa Barrett</u>
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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