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CALIFORNIA FORM 410

For Official Use Only

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or List I.D. number: # 1370300
Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination 08 / 14 / 2015

1. Committee Information

NAME OF COMMITTEE

Janice Cader-Thompson for Petaluma City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94954

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Sonoma City of Petaluma

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gerald Thompson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94954

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/16/2016 By Gerald Thompson SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 1/16/2016 By Janice Cader-Thompson SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT