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CALIFORNIA FORM 410

For Official Use Only

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1353914

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

David Glass for Mayor 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Petaluma

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David Glass

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

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 12/29/2015 By David A. Glass
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/29/2015 By David A. Glass
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