

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 _____ / _____ / _____ List I.D. number: # 1366669
 Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp RECEIVED JAN 15 2015 CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Quinto 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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Peggy Bimbi
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Santa Rosa CA 95404
 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 12/31/14 By Peggy Bimbi
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 12/31/14 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