

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
4,30,14 _____
 Date qualified as committee (If applicable) Date of Termination

Date Stamp
RECEIVED
 MAY 13 2014
 CITY CLERK

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE: Quinto for Petaluma City Council 2014
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: Petaluma STATE: CA ZIP CODE: 94954 AREA CODE/PHONE: _____
 MAILING ADDRESS (IF DIFFERENT): _____
 COUNTY OF DOMICILE: Sonoma JURISDICTION WHERE COMMITTEE IS ACTIVE: Petaluma

NAME OF TREASURER: Peggy Bimbi
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: Santa Rosa, CA STATE: CA ZIP CODE: 95404 AREA CODE/PHONE: _____
 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 5/6/14 By Peggy Bimbi
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 4/25/14 By [Signature]
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Quinto for Petaluma City Council 2014

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

NAME OF FINANCIAL INSTITUTION <u>Redwood Credit Union</u>	AREA CODE/PHONE <u>800-479-7928</u>	BANK ACCOUNT NUMBER <u>440959</u>
ADDRESS <u>301 North McDowell Blvd</u>	CITY <u>Petaluma</u>	STATE <u>CA</u>
		ZIP CODE <u>94954</u>

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."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<u>Ken Quinto</u>	<u>Petaluma City Council</u>	<u>2014</u>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Nonpartisan

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	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>