

**Statement of Organization
Recipient Committee**

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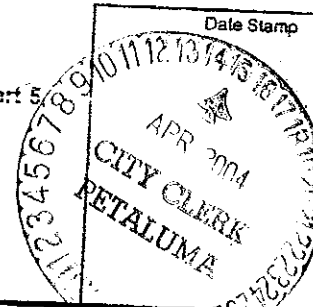
Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 961509
8,2,96
 Date qualified as committee
 (if applicable)

Termination - See Part 5
 List I.D. number:
 # _____

 Date of Termination



STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Committee to Re-Elect Pamela Torbett
 STREET ADDRESS (NO P.O. BOX)
27 Townview Lane
 CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952 707-763-6825
 MAILING ADDRESS (IF DIFFERENT)
Same
 OPTIONAL: FAX/E-MAIL ADDRESS
N/A
 COUNTY OF DOMICILE
Sonoma
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
N/A

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Holly Butler
 STREET ADDRESS
30 Townview Lane
 CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952 707 766 8294
 NAME OF ASSISTANT TREASURER, IF ANY
N/A
 STREET ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

 MAILING ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

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 4/14/04 DATE
 Executed on 4-14-04 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By Holly Butler SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By Pamela Torbett SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT