

49

Statement of Organization Recipient Committee

Statement Type Initial Amendment
 Not yet qualified or
 09 / 21 / 12
 Date qualified as committee

Type or print in ink
 List I.D. number: # _____
 Date qualified as committee (if applicable) _____

1353515

RECEIVED
 NOV 29 2012
 CITY OF COTATI
 CITY CLERK

Rejected: 68 / 9-28-2012
 Returned: AO / 9-28-12

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 SEP 27 2012
DEBRA BOWEN
 Secretary of State

STATEMENT OF ORGANIZATION FORM **410**
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 NOV 13 2012
DEBRA BOWEN
 Secretary of State

1. Committee Information

NAME OF COMMITTEE
 Committee for Measure U in Cotati

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Cotati CA _____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
 Sonoma _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Greg Karraker

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Cotati CA _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 PATRICIA M. MINNIS

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

MAILING ADDRESS
 COTATI CA _____

CITY STATE

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 complete.

Executed on 9/25/12 DATE
 Executed on 11/6/12 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee for Measure U in Cotati	Page 2 I.D. NUMBER 46-0982731
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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 "non-partisan."
- 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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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	OPPOSE
Committee for Measure U in Cotati	Measure U, Cotati	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE