

**Statement of Organization  
Recipient Committee**

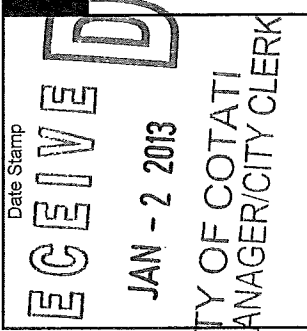
Type or print in ink

Statement Type  Initial  or  
Not yet qualified

Amendment  
List I.D. number: # \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_  
(if applicable)

Termination - See Part 5  
List I.D. number: # 1348420  
Date of Termination 12 / 31 / 12  
CITY OF COTATI  
CITY MANAGER/CITY CLERK

STATEMENT OF ORGANIZATION  
CALIFORNIA FORM 410  
For Official Use Only



**1. Committee Information**

NAME OF COMMITTEE  
Committee to Re-Elect Susan Harvey for Council 2012

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
Cotati CA 94931

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS  
sharvey55@aol.com

COUNTY OF DOMICILE \_\_\_\_\_ COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE \_\_\_\_\_  
Sonoma

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Craig Lauridsen

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 \_\_\_\_\_

**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 12/31/2012 By \_\_\_\_\_  
Executed on 12/31/2012 By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Committee to Re-Elect Susan Harvey for Council 2012

1348420

## 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
Susan Harvey	Councilmember - Cotati City Council	2012	<input checked="" 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
Exchange Bank	707-524-3399	1030027765
ADDRESS	CITY	STATE
8220 Old Redwood Highway	Cotati	CA
		ZIP CODE
		94931

### 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