

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number: _____

Termination - See Part 6
List I.D. number: _____

1350818

Date qualified as committee
(if applicable)

11/29/12
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Skillsman For Cotati City Council 2012

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gregory S. Reisinger

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Petaluma STATE _____ ZIP CODE 94972 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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

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 _____ DATE _____ By _____
Executed on 12/12/12 DATE _____ By [REDACTED] OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

