Statement of Organization
Recipient Committee
Statement Type □ Initial ☑ Amendment □ Termination – See Part 5

Date qualified as committee
Termination — See Part 5

Not yet qualified
or
Date qualified as committee
Date of termination

I. D. Number

NAME OF COMMITTEE

NAME OF ASSISTANT TREASURER, IF ANY

NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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 8/4/2018 By

Executed on 8/16/18 By

Executed on By

Executed on By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**Name of Organization**: Scott Alvarez

**City**: Central City

**Year**: 2018

**L.B. Number**: 1907366

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

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redwood Credit Union</td>
<td>800-970-7928</td>
<td>11000000576132</td>
</tr>
</tbody>
</table>

**Address**: 301 North McDowell Blvd

**City**: Petaluma

**State**: CA

**Zip Code**: 94954

### 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." Stating "No party preference" is acceptable.

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

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number If Applicable)</th>
<th>Year of Election</th>
<th>Check One</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Alvarez</td>
<td>City Council Petaluma</td>
<td>2018</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>Check One</th>
</tr>
</thead>
</table>

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov