

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 9 / 10 / 2020	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED
SEP 09 2020
CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE 2020 Tax Moratorium Coalition				NAME OF TREASURER Tawny Tesconi			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Santa Rosa	STATE CA	ZIP CODE 95403	AREA CODE/PHONE [REDACTED]	CITY Santa Rosa	STATE CA	ZIP CODE 95403	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Sonoma		JURISDICTION WHERE COMMITTEE IS ACTIVE County of Sonoma		NAME OF PRINCIPAL OFFICER(S) Tawny Tesconi			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Santa Rosa	STATE CA	ZIP CODE 95403	AREA CODE/PHONE [REDACTED]

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 information provided is true and correct.

Executed on	<u>9/10/20</u>	By	[REDACTED]
	DATE		
Executed on	<u>9/10/20</u>	By	[REDACTED]
	DATE		
Executed on	_____	By	_____
	DATE		
Executed on	_____	By	_____
	DATE		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME
2020 Tax Moratorium Coalition

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

NAME OF FINANCIAL INSTITUTION
REDWOOD CREDIT UNION

AREA CODE/PHONE
707-545-4000

BANK ACCOUNT NUMBER

ADDRESS
3033 Cleveland Ave #100

CITY
Santa Rosa

STATE
CA

ZIP CODE
95403

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

2020 Tax Moratorium Coalition

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Opposed all tax measures- new and extensions, within the County of Sonoma and all cities included in the county.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.