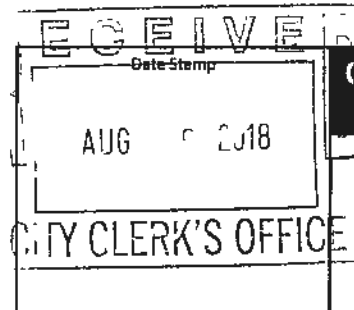


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
 _____ / _____ / _____ Date qualified as committee Date of termination



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE: ~~NATU FOR SCHOOL BOARD (TS)~~
 NATU TUATAGALOA FOR BOARD OF EDUCATION 2018
 STREET ADDRESS (NO P.O. BOX): 29 BONNIE BANKS WAY
 CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: [REDACTED]
 MAILING ADDRESS (IF DIFFERENT): [REDACTED]
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): [REDACTED]
 COUNTY OF DOMICILE: MARIN JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF SAN RAFAEL

NAME OF TREASURER: JUDY W. TUATAGALOA
 STREET ADDRESS (NO P.O. BOX): 29 BONNIE BANKS WAY
 CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: [REDACTED]
 NAME OF ASSISTANT TREASURER, IF ANY: _____
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 NAME OF PRINCIPAL OFFICER(S): NATU TUATAGALOA
 STREET ADDRESS (NO P.O. BOX): 29 BONNIE BANKS WAY
 CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: [REDACTED]

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 8/8/2018 By Judy W. Tuatagaloa SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 8/8/2018 By Natu Tuatagaloa SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

NATU FOR SCHOOL BOARD

I.D. NUMBER

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

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

Type of Committee Complete In Available 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
NATU TUATAGALOA	SAN RAFAEL BOARD OF EDUCATION	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEMOCRAT (70)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME

NATU FOR SCHOOL BOARD

I.D. NUMBER

General Purpose Committee (Required)

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

Terminated Recipient Committee (Required) This committee was formed to support or oppose a specific candidate or measure and/or candidate in a single election or elections. Check only one of the following conditions, if applicable.

- 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.

Clear Page

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