

Statement of Organization Recipient Committee

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Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____

 Date qualified as committee _____ Date of termination _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
MAR 05 2018
CALIFORNIA FORM 410
 For Official Use Only
R/S

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

NAME OF COMMITTEE
 Chris Petlock for Sonoma City Council 2018
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 Sonoma CA 95476 _____
 MAILING ADDRESS (IF DIFFERENT)

 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Sonoma Sonoma

NAME OF TREASURER
 Chris Petlock
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 Sonoma CA 95476 _____
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
 Chris Petlock
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 Sonoma CA 95476 _____

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 _____
 Executed on 01/28/2018 By _____
 Executed on 01/28/2018 By _____
 Executed on _____ By _____
 Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Chris Petlock for Sonoma City Council 2018

I.D. NUMBER

- 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 [REDACTED]	
ADDRESS 3033 Cleveland Ave., Suite 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	
Chris Petlock	Sonoma City Council	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Nonpartisan	Partisan (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
Chris Petlock	Sonoma City Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Chris Petlock for Sonoma City Council 2018

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Committee to support Chris Petlock to run for Sonoma City Council 2018

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 proponent 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.

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