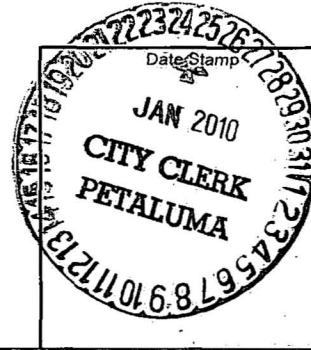


**Statement of Organization
Recipient Committee**

Type or print in ink



STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1244230

Termination - See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Mike Harris for Petaluma City Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Petaluma	CA	94952	_____

MAILING ADDRESS (IF DIFFERENT)

_____ Petaluma, CA 94975

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

N/A

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mike Harris

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Petaluma	CA	94952	_____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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

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 January 14th, 2010
DATE

Executed on January 14th, 2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By Mike Harris
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Mike Harris
SIGNATURE OF CONTROLLING OFFICEHOLDER/CANDIDATE OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT