

**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

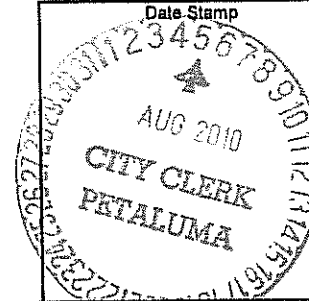
Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

8/1/10
Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination



1. Committee Information

NAME OF COMMITTEE

SHERI CHLEROWSKI FOR SCHOOL BOARD 2010
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94952
MAILING ADDRESS (IF DIFFERENT)

PETALUMA, CA 94975

COUNTY OF DOMICILE

SONOMA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

DNA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ANTHONY MARVIN WRIGHT
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94954
NAME OF ASSISTANT TREASURER, IF ANY

DNA
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

SHERI NICOLE CHLEROWSKI
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94952

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 8/5/10
DATE

By Anthony M. Wright
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8.5.10
DATE

By Peter N.V. Phil
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

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

Executed on _____
DATE

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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

SHERI CHLEBOWSKI FOR SCHOOL BOARD 2010

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 "non-partisan."
- 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
SHERI N. CHLEBOWSKI	SCHOOL BOARD TRUSTEE	2010	<input checked="" type="checkbox"/> Non-Partisan
	(PETALUMA UNIFIED SCHOOL DISTRICT)		<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
JPMORGAN CHASE BANK, N.A.	707-763-4148	844155192
ADDRESS	CITY	STATE ZIP CODE
101 WESTERN AVENUE	PETALUMA	CA 94952

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
DNA			
		SUPPORT	OPPOSE