

Statement of Organization
Recipient Committee

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Type or print in ink

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED

the office of the Secretary of State
of the State of California

JUL 28 2008

DEBRA BOWEN
Secretary of State

RECEIVED

AUG 14 2008

City Clerk City of Petaluma

Statement Type Initial

Not yet qualified or

7 / 2 / 08

Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee

(If applicable)

Termination - See Part 16

List I.D. number:

Date of Termination

1. Committee Information

NAME OF COMMITTEE

PCWFR - Petalumans for Clean Water and Fiscal Responsibility

STREET ADDRESS (NO RO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma, CA 94954

MAILING ADDRESS (IF DIFFERENT)

Petaluma, Ca 94955

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jeffrey Brian Mayne

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma, Ca 94954 707-536-6161

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 7/3/08 DATE

By Jeffrey Brian Mayne SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

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

Executed on _____ DATE

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

Executed on _____ DATE

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

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INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

COMMITTEE NAME <i>PETALUMA'S FOR CLEAN WATER AND FISCAL RESPONSIBILITY</i>

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
			<input type="checkbox"/> Non-Partisan
			<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	
ADDRESS	CITY	STATE	ZIP CODE

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
Measure to rollback water and wastewater rates in Petaluma, Ca			
-title and letter not yet assigned		SUPPORT	OPPOSE <input checked="" type="checkbox"/>