

1403145

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Returned: _____

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or Date qualified as committee 2/15/18 ^{RPR}
Date qualified as committee 2/15/18 Date of termination _____

Date Stamp
RECEIVED in the office of the Secretary of State of the State of California
FEB 20 2018

CALIFORNIA FORM 410
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RECEIVED AND FILED in the office of the Secretary of State of the State of California
FEB 28 2018

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
Retain Ravasio on Town Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Corte Madera CA 94925

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
bobravasio@comcast.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Marin Corte Madera

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Macpherson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Corte Madera CA 94925

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
N/A

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 2/15/18 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 2/13/18 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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