Statement of Organization Recipient Committee					OFFI CALIFORNIA 410		
Statement Type	✓ Initial	☐ Amendment	☐ Terminat	tion – See Part 5			or Official Use Only
	Not yet qualified or	List I.D. number:	List I.D. numbe			14 FEB 18	PM 1.50
		#	#				. 11 1. 90
	02 ,18 ,2014		Т				
	Date qualified as committee	Date qualified as committee (If applicable)	Date of Te	ermination			74
1. Committee li	nformation			. Treasurer and Other P	rincipal Officers	ernegenisen betrijvenske kriviter In teatre of the section of the section	
	on Town Mayor, 2014			NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)				Christine Thiers STREET ADDRESS (NO P.O. BOX)			
1135 East 18th St. Apt. 12				2924 14th ave. 205			
CITY	STATE	ZIP CODE AREA CODE	/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	Ca 94	1606 (510)22	1-7609	Oakland	Ca	94606	(510)504-8700
MAILING ADDRESS (IF D	FFERENT)			NAME OF ASSISTANT TREASURER, IF ANY			- 1
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O. BOX)			
omy.ent@gma	il.com						
COUNTY OF DOMICILE	JURISDICTION WH	ERE COMMITTEE IS ACTIVE		СПУ	STATE	ZIP CODE	AREA CODE/PHONE
Alameda		,					
				NAME OF PRINCIPAL OFFICER(S)			
Attach additional	information on appropriate	ly labeled continuation she	ets.	STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
s venication	in the contract of the contrac	and a speciment week and the same should be seen		orden er en	To the construction of the second	and the copy of the last of the	en e
I have used all r	easonable diligence in prepa	aring this statement and to	the best of my	knowledge the information c	ontained herein is	True and compl	ete. I certify under
	iry under the laws of the Sta	te of California that the fol	regoing is true	and correct,			
Executed on 02	/18/2014 _{By _}	$ \lambda$	SIGNATURE	OF TREASURER OR ASSISTANT TREASURER			
02/18/2014							
Executed on UZ	DATE By_	SIGNATU	RE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE MEASUR	E PROPONENT		
Executed on	By						* _ *
Executed on	DATE DATE	SIGNATU	RE OF CONTROLLING C	FFICEHOLDER, CANDIDATE, OR STATE MEASUR	RE PROPONENT		
Executed on	Ву						
	DATE	SIGNATU	JRE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEASU	RE PROPONENT		EDDC From A10 to too.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov