

Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

☒ Termination – See Part 5

List I.D. number:

1373336

1 15 15

_____/_____/_____
Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

CITY OF SEBASTOPOL
JAN 15 2015
RECEIVED

1. Committee Information

NAME OF COMMITTEE

Sebastopol Unified for Effective Leadership against Greenberg fo

STREET ADDRESS (NO P.O. BOX)

200 Nelson Way #5

CITY

Sebastopol

STATE

CA

ZIP CODE

95472

AREA CODE/PHONE

7078292108

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sebastopol

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Craig Litwin

STREET ADDRESS (NO P.O. BOX)

200 Nelson Way #5

CITY

Sebastopol

STATE

CA

ZIP CODE

95472

AREA CODE/PHONE

707 829 2108

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Helen Shane

STREET ADDRESS (NO P.O. BOX)

327 Neva St

CITY

Sebastopol

STATE

CA

ZIP CODE

95472

AREA CODE/PHONE

707 829 2108

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

1/15/15

DATE

By

Craig Litwin

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1/15/15

DATE

By

Helen Shane

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

FPPC Form 410 (Dec/2012)

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

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 3

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CITY OF SEBASTOPOL
JAN 15 2015
RECEIVED

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/15
through 1/15/15

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☒ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1373336

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sebastopol Unified for Effective Leadership, Committee to Oppose
Greenberg for Council, 2014

STREET ADDRESS (NO P.O. BOX)

200 Nelson Way #5

CITY STATE ZIP CODE AREA CODE/PHONE
Sebastopol CA 95472 707 829 2108

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Craig Litwin

MAILING ADDRESS

200 Nelson Way #5

CITY STATE ZIP CODE AREA CODE/PHONE
Sebastopol CA 95472 707 829 2108

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/15/15
Date

Executed on 1/15/15
Date

Executed on _____
Date

Executed on _____
Date

By Craig Litwin
Signature of Treasurer or Assistant Treasurer

By Helen Shere
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 8

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Date Stamp

CITY OF SEBASTOPOL
JAN 15 2015
RECEIVED

Statement covers period
from July 1 2014
through December 31, 2014

Date of election if applicable:
(Month, Day, Year)
11/4/14

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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☐ Termination Statement
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☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

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I.D. NUMBER
1373336

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sebastopol Unified for Effective Leadership, Committee to Oppose
Greenberg for Council, 2014

STREET ADDRESS (NO P.O. BOX)
200 Nelson Way #5

CITY STATE ZIP CODE AREA CODE/PHONE
Sebastopol CA 95472 707 829 2108

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Craig Litwin

MAILING ADDRESS

200 Nelson Way #5

CITY STATE ZIP CODE AREA CODE/PHONE
Sebastopol CA 95472 707 829 2108

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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Executed on 1/15/15
Date

Executed on 1/15/15
Date

Executed on _____
Date

Executed on _____
Date

By 1/15/15 Craig Litwin
Signature of Treasurer or Assistant Treasurer

By Helen Shaw
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent