Statement of (Date Stamp	CALII	FORNIA AAO
Recipient Con	nmittee					FC	ORM 410
Statement Type	☐ Initial	Amendment	Termination – See Part 5 List I.D. number: 1373336				For Official Use Only
	Not yet qualified or	List I.D. number:			CITY OF SEBASTOPOL		
		#	#	Management of the second of th		OF SE	BASTOPOL
			1 1	5 15		JAN 15	2015
	Date qualified as committee	Date qualified as committee (If applicable)	Date of T	ermination			2015
1. Committee In	formation			2. Treasurer and Oth	ner Principal Officers	MECEIVI	010
NAME OF COMMITTEE	ified for Effective Lee	davalaja a saisat O		NAME OF TREASURER	ier / imeipar Omeers		
STREET ADDRESS (NO P.O	ified for Effective Lead	dersnip against Gree	nberg to	Craig Litwin			
200 Nelson Wa	ay #5			street address (no p.o. box) 200 Nelson Way	#5		
Sebastopol	CA 95	ZIP CODE AREA CODE/ 472 7078292		Sebastopol	STATE CA	ZIP CODE 95472	AREA CODE/PHONE 707 829 2108
MAILING ADDRESS (IF DIF	FERENT)		THE OTHER PROPERTY OF THE PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PRO	NAME OF ASSISTANT TREASURER,	IF ANY	n Piller (de characte et Andrew surve far ante e e es assesses et consta	
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O. BOX)			3111
COUNTY OF DOMICILE Sonoma	Sebastopo	RE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			The Control of the Co	NAME OF PRINCIPAL OFFICER(S) Helen Shane		noorumense eustumatus plaasiinse eeri eustuspuurusuud eeri eustus	
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) 327 Neva St			
				Sebastopol	STATE CA	2IP CODE 95472	AREA CODE/PHONE 707 829 2108
3. Verification							
I have used all re	easonable diligence in prepar ry under the laws of the State	ing this statement and to the	he best of my	knowledge the informati	ion contained herein is tr	ue and compl	ete. I certify under
500	y under the laws of the State	e of California that the fore	going is true a	na correct.			
Executed on	DATE By	my L	SIGNATURE OF	TREASURER OR ASSISTANT TREASURE	ER	***************************************	
Executed on	1/15//5 By	HelenSh	OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
Executed on	DATE By			FICEHOLDER, CANDIDATE, OR STATE M			
Executed on	DATE By	CIGNATURE	OF CONTROLLING OF	EICEUOLDED CANDIDATE OD STATE M	MEACURE READONEST		

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print in ink.				CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	State from through	1/1/15 1/15/15	Date of election if applicable: (Month, Day, Year)		JAN I 5 20	915
1. Type of Recipient Committee: All Commit 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 Measu Primarily I Controlled Sponsore (Also Complete Pa	re Committee Formed d ed art 6) med Candidate/ Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below		Quarterly St Special Odd Supplement	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NAME (OR CANDIDATE'S NAME (OR CANDID	I.D. NUMBER 1373336 IMITTEE) ip, Committee to	Oppose	Treasurer(s) NAME OF TREASURER Craig Litwin MAILING ADDRESS 200 Nelson Way #5 CITY	STATE	ZIP CODE	AREA CODE/PHONE
200 Nelson Way #5 CITY STATE Sebastopol CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF STATE OPTIONAL: FAX / E-MAIL ADDRESS		AREA CODE/PHONE O7 829 2108 AREA CODE/PHONE	Sebastopol NAME OF ASSISTANT TREASURER, MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	IF ANY STATE	95472 ZIP CODE	707 829 2108 AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing an certify under penalty of perjury under the laws of the Executed on	d reviewing this state e State of California	By Willin	Signature of Controlling Officeholder, Candidate, State Messignature of Controlling Officeholder, Candidate, State Messure Proposed	rer or Responsible Officer of asure Proponent		les is true and complete. I

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp CITY OF SEBASTOPOL JAN 15 200	CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	fromDecember 31, 2014	Date of election if applicable: (Month, Day, Year) 11/4/14	JAN 15 2015 RECEIVED	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. Allot Measure Committee Primarily Formed Controlled Sponsored Complete Part 6) Imarily Formed Candidate/ Sponsored Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sebastopol Unified for Effective Leadership, Committee Greenberg for Council, 2014 STREET ADDRESS (NO P.O. BOX) 200 Nelson Way #5 CITY State ZIP COD Sebastopol CA 95472 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	DE AREA CODE/PHONE 707 829 2108	Treasurer(s) NAME OF TREASURER Craig Litwin MAILING ADDRESS 200 Nelson Way #5 CITY Sebastopol NAME OF ASSISTANT TREASUR MAILING ADDRESS	CA 95	IP CODE AREA CODE/PHONE 5472 707 829 2108
OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		IP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of 1/15/15 Executed on	By Helm Sharman By Signature of Control	knowledge the information contained correct. Signature of Treasures or Assistant Tolling Officeholder, Candidate, State Measure Projection and Controlling Officeholder, Candidate, Candid	Treasurer ponent or Responsible Officer of Spor	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California