# Statement of Organization

Recipient Committee: Petersen for Capitola City Council 2016

## 1. Committee Information

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petersen for Capitola City Council 2016</td>
<td>207 Oakland Ave, #2</td>
<td>Capitola</td>
<td>CA</td>
<td>95010</td>
<td>(831)435-0806</td>
</tr>
</tbody>
</table>

**Street Address:**
207 Oakland Ave, #2, Capitola, CA 95010

**Mailing Address (if different):**
207 Oakland Ave, #2, Capitola, CA 95010

**Fax/Email Address:**
ladykpetersen@gmail.com

**County of Domicile:**
Santa Cruz County

**Jurisdiction Where Committee Is Active:**
City of Capitola

**City:**
Capitola

**State:**
CA

**Zip Code:**
95010

**Area Code/Phone:**
(831)435-0806

## 2. Treasurer and Other Principal Officers

- **Name of Treasurer:**
  - Kristen Petersen

- **Street Address:**
  - 207 Oakland Ave, #2

- **City:**
  - Capitola

- **State:**
  - CA

- **Zip Code:**
  - 95010

- **Area Code/Phone:**
  - (831)435-0806

- **Name of Assistant Treasurer, if Any:**
  - Kristen Petersen

- **Street Address:**
  - 207 Oakland Ave, #2

- **City:**
  - Capitola

- **State:**
  - CA

- **Zip Code:**
  - 95010

- **Area Code/Phone:**
  - (831)435-0806

**Jurisdiction Where Committee Is Active:**
City of Capitola

**Count of Domicile:**
Santa Cruz County

## 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:** 8/10/16

**By:**

**Signature of Treasurer or Assistant Treasurer:**

**Executed on:** 8/10/16

**By:**

**Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent:**

**Executed on:** 8/10/16

**By:**

**Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent:**

**Executed on:** 8/10/16

**By:**

**Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent:**

**Note:**
Attach additional information on appropriately labeled continuation sheets.
Sta+tement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name
Petersen for Capitola City Council 2016

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>(831)462-1832</td>
<td>1104086077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 41st Ave</td>
<td>Capitola</td>
<td>CA</td>
<td>95010</td>
</tr>
</tbody>
</table>

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 “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen Petersen</td>
<td>Capitola City Council</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov