

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1386519
 _____/_____/_____
 Date qualified as committee Date qualified as committee (If applicable) 08/08/2016
 _____/_____/_____
 Date of Termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 18 2016

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Petersen for Capitola City Council 2016

STREET ADDRESS (NO P.O. BOX)
 207 Oakland Ave, #2

CITY STATE ZIP CODE AREA CODE/PHONE
 Capitola CA 95010 (831)435-0806

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 ladykpetersen@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Cruz County City of Capitola

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 Kristen Petersen

STREET ADDRESS (NO P.O. BOX)
 207 Oakland Ave, #2

CITY STATE ZIP CODE AREA CODE/PHONE
 Capitola CA 95010 (831)435-0806

NAME OF PRINCIPAL OFFICER(S)
 Kristen Petersen

STREET ADDRESS (NO P.O. BOX)
 207 Oakland Ave, #2

CITY STATE ZIP CODE AREA CODE/PHONE
 Capitola CA 95010 (831)435-0806

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 8/10/16 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 8/10/16 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME
Petersen for Capitola City Council 2016

I.D. NUMBER
1386519

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (831)462-1832	BANK ACCOUNT NUMBER 1104086077
ADDRESS 1700 41st Ave	CITY Capitola	STATE ZIP CODE CA 95010

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Kristen Petersen	Capitola City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>