

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination -- See Part 5
 Date of termination

Date Stamp

CALIFORNIA FORM 410

RECEIVED
 JUL 18 2019
 CITY OF NOVATO

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE: **JIM PETRAY FOR CITY COUNCIL 2019**

2. Treasurer and Other Principal Officers

NAME OF TREASURER: **JIM PETRAY**

STREET ADDRESS (NO P.O. BOX):

CITY: **NOVATO** STATE: **CA** ZIP CODE: **94945** AREA CODE/PHONE:

FULL MAILING ADDRESS (IF DIFFERENT):

STREET ADDRESS (NO P.O. BOX):

CITY: **NOVATO** STATE: **CA** ZIP CODE: **94945** AREA CODE/PHONE:

EMAIL ADDRESS (PERSON/WEB/LEAD/INDIVIDUAL):

CITY: **MARIN** STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

JURISDICTION WHERE COMMITTEE IS ACTIVE:

NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO P.O. BOX):

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

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 07-17-2019 By Jim Petray SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07-17-2019 By Jim Petray SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

TIM PETRAY FOR CITY COUNCIL 2019

Page 2
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO BANK	415-892-1639	
ADDRESS	CITY	STATE ZIP CODE

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." Stating "No party preference" is acceptable.
- 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		
			CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
TIM PETRAY	CITY OF NOVATO-District 1 CITY COUNCIL MEMBER	2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>