Statement of Organization
Recipient Committee

Statement Type  X Initial
Not yet qualified  X or

Type or print in ink

X Amendment
List I.D. number:
#

Date qualified as committee

X Termination – See Part 5
List I.D. number:
#

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Williamson For Monterey City Council 2018

STREET ADDRESS (NO P.O. BOX)
215 W. Franklin St., Ste 401

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Monterey  CA  93940  831-275-1364

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 4125, Monterey, CA 93942

OPTIONAL: FAX / E-MAIL ADDRESS
williamson4montereycouncil@gmail.com

COUNTY OF DOMICILE
Monterey

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Helen Carlin

STREET ADDRESS
215 West Franklin Street St 401

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Monterey  CA  93940  831-277-4268

NAME OF ASSISTANT TREASURER, IF ANY
Caspian Forsyth

STREET ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Monterey  CA  93940  831-

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

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 11/10/17

By

Executed on 11/10/17

By

Executed on

By

Executed on

By

FPPC Form 410 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)