Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified
☐ Date qualification threshold met
☐ Amendment
☐ Date qualification threshold met
☐ Termination – See Part 5
☐ Date of termination

1. Committee Information
   I.D. Number
   1412427
   NAME OF COMMITTEE
   Maddox for Monterey City Council 2018

   STREET ADDRESS (NO P.O. BOX)

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   FULL MAILING ADDRESS (IF DIFFERENT)

   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

   COUNTY OF DOMICILE
   JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Danielle Galvan

   STREET ADDRESS (NO P.O. BOX)

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   NAME OF ASSISTANT TREASURER, IF ANY

   STREET ADDRESS (NO P.O. BOX)

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   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 following is true and correct.

   Executed on 7/29/19
   By

   Executed on 7/29/19
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINTER

   FPPC Form 410 (August/2018)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov