

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or
 Date qualified as committee

____/____/____ Date qualified as committee

Amendment

Termination - See Page _____ of **Carmel-by-the-Sea**

____/____/____ Date of termination

Received by City Clerk

Date Stamp
CALIFORNIA 410 FORM
For Official Use Only
DEC 04 2017

1. Committee Information

I.D. Number (if applicable) 1381686

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

NAME OF TREASURER

Dallas for Mayor 2018

Merve Sutton

Steve Dallas for Mayor 2018

STREET ADDRESS (NO P.O. BOX)

999020

CITY Carmel

STATE CA

ZIP CODE 93921

AREA CODE/PHONE 831-_____

MAILING ADDRESS (IF DIFFERENT)

Carmel

STATE CA

ZIP CODE 93921

AREA CODE/PHONE 831-_____

PO BOX 663

CITY Carmel

STATE CA

ZIP CODE 93921

AREA CODE/PHONE 831-_____

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

sgdallas@yahoo.com

STREET ADDRESS (NO P.O. BOX)

(Casa Liolo)

STATE CA

ZIP CODE 93921

AREA CODE/PHONE 831-_____

COUNTY OF DOMICILE

Monterey

JURISDICTION WHERE COMMITTEE IS ACTIVE

Carmel by the Sea

NAME OF PRINCIPAL OFFICER(S)

Steve Dallas

STREET ADDRESS (NO P.O. BOX)

Carmel

STATE CA

ZIP CODE 93921

AREA CODE/PHONE 831-_____

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 _____ By _____

DATE 12-2-2017

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

DATE 12-4-2017

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or

Date qualified as committee

Amendment

Date qualified as committee _____ / _____ / _____

Termination - See Part 5

Date of termination _____ / _____ / _____

**CALIFORNIA 410
FORM**
For Official Use Only

City of Carmel-by-the-Sea

DEC 04 2017

DEC 11 2017

1. Committee Information I.D. Number (if applicable) 1381686 **2. Treasurer and Other Principal Officers** RECEIVED AND FILED
in the office of the Secretary of State of the State of California

NAME OF COMMITTEE

Dallas for Mayor 2018

NAME OF TREASURER

Merve Sutton

STREET ADDRESS (NO P.O. BOX)

999020

Carmel

CA

93921

831

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

PO BOX 663

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

sgdallas@yahoo.com

COUNTY OF DOMICILE

Monterey

JURISDICTION WHERE COMMITTEE IS ACTIVE

Carmel by the Sea

CITY

Carmel

STATE

CA

ZIP CODE

93921

AREA CODE/PHONE

831

NAME OF ASSISTANT TREASURER, IF ANY

Elinor Laiolo

STREET ADDRESS (NO P.O. BOX)

(Casa Liolo)

CITY

Carmel

STATE

CA

ZIP CODE

93921

AREA CODE/PHONE

831

NAME OF PRINCIPAL OFFICER(S)

Steve Dallas

STREET ADDRESS (NO P.O. BOX)

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 12-2-2017 By _____

DATE

12-4-17

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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