

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified

or

Date qualified as committee

Amendment

Termination - See Part 5

12 / 13 / 2013
Date qualified as committee

____ / ____ / ____
Date of termination

CALIFORNIA 410 FORM

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RECEIVED

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUL 13 2018
Monterey County Registrar of Voters
JUL 23 2018

2. Treasurer and Other Principal Officers

1. Committee Information I.D. Number 1362504
(if applicable)

NAME OF COMMITTEE

THIS FOR COUNCIL 2018

NAME OF TREASURER

Mervin Sutton

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Carmel-by-the-Sea

CA

93921

AREA CODE/PHONE

Mailing Address (if different)

CA

93921

AREA CODE/PHONE

P.O. Box 4801, Carmel-by-the-Sea, CA 93921

NAME OF ASSISTANT TREASURER, IF ANY

Carrie Theis

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Carmel-by-the-Sea

CA

93921

AREA CODE/PHONE

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

Carrie@CarrieForCarmel.com

NAME OF PRINCIPAL OFFICER(S)

Carmel-by-the-Sea

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Monterey

JURISDICTION WHERE COMMITTEE IS ACTIVE

Carmel-by-the-Sea

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

7/10/2018

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

7-10-2018

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER
1362504

COMMITTEE NAME
THEIS FOR COUNCIL 2018

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

NAME OF FINANCIAL INSTITUTION Comerica Bank	AREA CODE/PHONE 831-624-3367	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS Between 7th & 8th Avenues on Dolores Street	CITY Carmel-by-the-Sea	STATE CA
	ZIP CODE 93921	

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Carrie Theis	City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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.	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>