

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or

Date qualified as committee _____
Date qualified as committee _____

Amendment

Termination - See Part 5

Date Stamp

REF

FEB 27 2018

**CALIFORNIA 410
FORM**

For Official Use Only

CITY CLERK

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Deb Henigson

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

Mountain View

STATE

CA

ZIP CODE

94040

AREA CODE/PHONE

650 526-8676

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

patshow4MV@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Mountain View

CITY

Mountain View

STATE

CA

ZIP CODE

94040

AREA CODE/PHONE

650 996-7176

NAME OF PRINCIPAL OFFICERS)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

ZIP CODE

94041

STATE

CA

AREA CODE/PHONE

(650) 972-5867

NAME OF ASSISTANT TREASURER, IF ANY

Abigail Longcor

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 02/25/18

BY

Debra Stewart

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/25/18

BY

Pat Showalter

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

BY

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

BY

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Pat Showalter for Council 2018

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

NAME OF FINANCIAL INSTITUTION

Wells Fargo Bank

AREA CODE/PHONE

650 210-2020

BANK ACCOUNT NUMBER

ADDRESS

590 Castro Street

CITY

Mountain View

STATE

CA

ZIP CODE

94041

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	CHECK ONE		PARTY
			Nonpartisan	Partisan	
Patricia A. Showalter	Mountain View 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.

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"/>