

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2021

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE United Residents for Recalling Foppoli				NAME OF TREASURER Alan Ramey			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Windsor	STATE CA	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]	CITY Windsor	STATE CA	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@recallfoppoli.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Sonoma				CITY [REDACTED]			
JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Windsor				STATE CA			
NAME OF PRINCIPAL OFFICER(S) Timothy Zahner				ZIP CODE 96592			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				AREA CODE/PHONE [REDACTED]			
CITY Windsor				STATE CA			
ZIP CODE 95492				AREA CODE/PHONE [REDACTED]			

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 01/06/2022 By [REDACTED]
DATE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/6/22 By [REDACTED]
DATE OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT