

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Amendment

Termination – See Part 5

Not yet qualified

or

Date qualified as committee

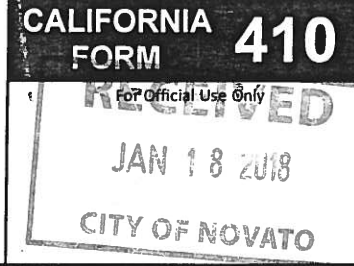
_____/_____/_____
Date qualified as committee

12 / 31 / 17
Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 02 2018



1. Committee Information

I.D. Number
(if applicable)

1393197

NAME OF COMMITTEE

Denise Athas for City Council 2017

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Novato

CA

94947

MAILING ADDRESS (IF DIFFERENT)

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

dathas@aol.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Marin

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Regina Bianucci Rus

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Novato

CA

94947

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 foregoing is true and correct.

Executed on 12/28/2017

DATE

By

Regina Rus

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/28/2017

DATE

By

Denise Athas

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT