Statement of C	Organization				Date Star	np	COP	The second secon
Recipient Committee							CALIFO	
Statement Type	☐ Initial	☐ Amendment	▼ Termination - See	Part 5	City of Nov	<i>r</i> ato	FOF	or Official Use Only
	O Not yet qualified				JAN 31 20	721		
	O Date qualification threshold met	Date qualification threshold met	Date of terminatio	,	JAN 31 20	121		
			12 / 31 / 20	20	City Clerk Depo	Introduction		
1. Committee	er and	Other Principa	l Office	rs				
NAME OF COMMITTEE	NAME OF TREASUR	R				在1000mm (1000mm) (1000mm)		
David Gabriel fo	Sara Gabriel							
			STREET ADDRESS (NO	PO. BOX)		-		
STREET ADDRESS (NO PO	ROX)							
			CITY			STATE	ZIP CODE	AREA CODE/PHONE
City STATE 7/P CODE AREA CODE/PHONE			Novato	-		CA	94949	
Novato		949	NAME OF ASSISTANT	TREASURE	R, IF ANY			
FULL MAILING ADDRESS (I	IF DIFFERENT)		STREET ADDRESS (NO	P.O. BOX)				
E MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		cny			STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL	DEFIT ERIS				
Marin	City of Novato							
			STREET ADDRESS (NO	P.O. BOX				
Attach additional	CITY			STATE	ZIP CODE	AREA CODE/PHONE		
3. Verification	1					4.28.48		
I have used all re-	asonable diligence in preparing	this statement and to the best	t of my knowledge the i	nforma	tion contained her	ein is true	and complete	e. I certify under
pendity of perjui	A murder true laws of the State of	California that the foregoing is	s true and correct.					
Executed on 12/3	B1/2020 By	Jula Balu	al .		2000			
Executed on Date 12/31/2020 By								
Executed on	DATE By							
Evacutadas		SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE	OR STATE I	MEASURE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE	OR STATE	ACACUAR RECORDANCE			
			STEERING OF THE PROPERTY CANDIDATE	UNSIAIL	WILASURL PHOPORENT			