

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
9 / 18 / 2020	9 / 18 / 2020	____ / ____ / ____

Date Stamp  
**CITY OF CLOVERDALE  
RECEIVED**  
**SEP 24 2020**

**CALIFORNIA  
FORM 410**  
For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Melanie Bagby for Cloverdale City Council 2020</b>				NAME OF TREASURER <b>Melanie Bagby</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Cloverdale</b>		STATE <b>CA</b>		ZIP CODE <b>95425</b>		AREA CODE/PHONE [REDACTED]	
CITY <b>Cloverdale</b>		STATE <b>CA</b>		ZIP CODE <b>95425</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY <b>Jeff Bagby</b>			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Cloverdale</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>m@melaniebagby.com</b>				STATE <b>CA</b>		ZIP CODE <b>95425</b>		AREA CODE/PHONE [REDACTED]		NAME OF PRINCIPAL OFFICER(S)	
COUNTY OF DOMICILE <b>Sonoma</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Cloverdale</b>		STREET ADDRESS (NO P.O. BOX)				CITY <b>Cloverdale</b>			
Attach additional information on appropriately labeled continuation sheets.				STATE <b>CA</b>		ZIP CODE <b>95425</b>		AREA CODE/PHONE [REDACTED]		NAME OF PRINCIPAL OFFICER(S)	

**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 information provided is true and correct.

Executed on 9/22/2020 By [REDACTED] TREASURER

Executed on 9/22/2020 By [REDACTED] OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Melanie Bagby for Cloverdale City Council 2020	I.D. NUMBER FPPC#1428136
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Redwood Credit Union	AREA CODE/PHONE 800-479-7928	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS PO Box 6104	CITY Santa Rosa	STATE CA	ZIP CODE 95406

**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	PARTY CHECK ONE		
Melanie Bagby	Cloverdale City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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

