Statement of Organization
Recipient Committee
Statement Type: □ Initial □ Amendment [X] Termination – See Part 5
Date qualified as committee: / / Date of termination: 03/31/2019

1. Committee Information
   I.D. Number: 1396776
   Name of Committee: Charlie Drechsler for City Council 2017
   Street Address (No P.O. Box): [Redacted]
   City: [Redacted] State: [Redacted] Zip Code: [Redacted]
   Mailing Address (If Different): [Redacted]
   E-Mail Address (Required) / Fax (Optional): [Redacted]
   County of Domicile: [Redacted] Jurisdiction Where Committee Is Active: [Redacted]

2. Treasurer and Other Principal Officers
   Name of Treasurer: Lori Poulteny
   Street Address (No P.O. Box): [Redacted]
   City: [Redacted] State: [Redacted] Zip Code: [Redacted]
   Assistant Treasurer, If Any: [Redacted]
   Street Address (No P.O. Box): [Redacted]
   City: [Redacted] State: [Redacted] Zip Code: [Redacted]
   Principal Officers: [Redacted]
   Street Address (No P.O. Box): [Redacted]
   City: [Redacted] State: [Redacted] Zip Code: [Redacted]

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
   Executed on 4/22/19 By [Redacted]
   Executed on 4/22/19 By [Redacted]
   Executed on 4/22/19 By [Redacted]
   Executed on [Redacted] By [Redacted]

Signature of Controlling Officeholder, Candidate, or State Measure Proponent: [Redacted]

FPPC Form 410 (February/2018)
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