

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: 1347973
 # not yet qualified # _____
 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
(If applicable)

Date Stamp
CITY OF SANTA CLARA
 2013 MAR -7 P 6:39
 RECEIVED
 CITY CLERKS OFFICE

CALIFORNIA FORM 410
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Committee Information **Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Gutzeit for City Council 2014
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 MAILING ADDRESS (IF DIFFERENT)
same as above
 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Los Angeles County

NAME OF TREASURER
Maria Gutzeit
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF ASSISTANT TREASURER, IF ANY
None
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
Maria Gutzeit
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 complete.

Executed on 01/10/2013 By _____
DATE
 Executed on 01/10/2013 By _____
DATE
 Executed on _____ By _____
DATE
 Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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