

**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 type="radio"/> Date qualification threshold met	Date qualification threshold met 9 / 23 / 24	Date of termination ____ / ____ / ____

Date Stamp
125 E. Main St
City of Grass Valley
RECEIVED
SEP 26 2024
City Clerks Office

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i> 1472847	
NAME OF COMMITTEE Joe Bonomolo for City Council 2024			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Grass Valley	STATE CA	ZIP CODE 95945	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			
COUNTY OF DOMICILE Nevada	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Grass Valley		
Attach additional information on appropriately labeled continuation sheets.			

2. Treasurer and Other Principal Officers			
NAME OF TREASURER Stephanie Ericson			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Grass Valley	STATE CA	ZIP CODE 95949
EMAIL ADDRESS OF TREASURER (REQUIRED) sericson.omg@gmail.com		AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S) Joe Bonomolo			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Grass Valley	STATE CA	ZIP CODE 95945
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) joeforgv@gmail.com		AREA CODE/PHONE	

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 9/26/24 <small>DATE</small>	By [REDACTED]
Executed on 9/26/24 <small>DATE</small>	By [REDACTED]
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>