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DEC 23 2024

CALIFORNIA FORM 410

For Official Use Only

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

CITY OF HEALDSBURG

1. Committee Information		I.D. Number 1472097 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE YES ON O YES FOR HOUSING 2024				NAME OF TREASURER SHAUN MCCAFFERY				
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE	
[REDACTED]				HEALDSBURG		CA	95448	
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE		
[REDACTED]				[REDACTED]		[REDACTED]		
CITY				STATE		ZIP CODE	AREA CODE/PHONE	
HEALDSBURG				CA		95448	[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
[REDACTED]				ALEX WOOD				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
[REDACTED]				[REDACTED]		HEALDSBURG	CA	95448
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
SONOMA		HEALDSBURG		[REDACTED]				
[REDACTED]				NAME OF PRINCIPAL OFFICER(S)				
[REDACTED]				[REDACTED]				
[REDACTED]				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
[REDACTED]				[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
[REDACTED]				[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 California that the foregoing is true and correct.

Executed on 12/20/2024 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

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1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE YES ON O YES FOR HOUSING 2024				NAME OF TREASURER SHAUN MCCAFFERY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY HEALDSBURG	STATE CA
CITY HEALDSBURG				CITY HEALDSBURG		STATE CA	ZIP CODE 95448
STATE CA				STATE CA		STATE CA	ZIP CODE 95448
ZIP CODE 95448				ZIP CODE 95448		ZIP CODE 95448	ZIP CODE 95448
AREA CODE/PHONE [REDACTED]				AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				NAME OF ASSISTANT TREASURER, IF ANY ALEX WOOD			
COUNTY OF DOMICILE SONOMA				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
JURISDICTION WHERE COMMITTEE IS ACTIVE HEALDSBURG				CITY HEALDSBURG		STATE CA	ZIP CODE 95448
[REDACTED]				STATE CA		STATE CA	ZIP CODE 95448
[REDACTED]				ZIP CODE 95448		ZIP CODE 95448	ZIP CODE 95448
[REDACTED]				AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
[REDACTED]				NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)		CITY	STATE
[REDACTED]				CITY		STATE	ZIP CODE
[REDACTED]				STATE		STATE	ZIP CODE
[REDACTED]				ZIP CODE		ZIP CODE	ZIP CODE
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
[REDACTED]				AREA CODE/PHONE			

3. Verification

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