1. Elected Officer or CPUC Member (Last name, First name)
   Carlstrom, Erin

   Agency Name
   City of Santa Rosa

   Agency Street Address
   100 Santa Rosa Ave., Santa Rosa, CA 95403

   Designated Contact Person (Name and title, if different)
   Terri Griffin

   Area Code/Phone Number
   E-mail (Optional)
   tgriffin@srcity.org

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Tony Crabb
   Name
   129 Ferrero Dr.
   Address
   Healdsburg
   City
   CA
   State
   95448
   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   YDA Progress
   Name
   1530 Key Boulevard, Suite 310
   Address
   Arlington
   City
   VA
   State
   22209
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 07/01/2013
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $ 5000
   (Round to whole dollars.)
   Payment Type:
   ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

   Brief Description of In-Kind Payment:

   Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable
   Describe the legislative, governmental, charitable purpose, or event:
   Youth political organization encouraging engagement in electoral politics for people under 36 years of age.

5. Amendment Description or Comments

6. Verification
I certify, under penalty of perjury under the laws of the State of California, that the information contained herein is true and complete.

Executed on 07/31/2013
By

[Signature]

Date

603 Form Report 09/09
PCo47355449 001 Form 803 (December/09)
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CITY OF SANTA ROSA
CITY CLERK