

**Statement of Organization  
Recipient Committee**

Type or print in ink



Statement Type  Initial  
 Not yet qualified  or  
 03 / 09 / 08  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Termination

Date Stamp  
**FILED**  
 APR 14 2008  
 SUSAN M. RANOGAJAK  
 MENDOCINO COUNTY CLERK  
 Deputy

**1. Committee Information**

NAME OF COMMITTEE  
 COMMITTEE AGAINST MEASURE B: No on Measure B Campaign

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

\_\_\_\_\_

COUNTY OF DOMICILE  
 Mendocino

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

\_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/EXT

NAME OF ASSISTANT TREASURER, IF ANY  
 Thomas Davenport

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/EXT

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
 Laura Hamburg - Campaign Chairperson

MAILING ADDRESS

Attach additional information on appropriately labeled continuation sheets.

**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 April 1, 2008  
 DATE

Executed on April 1, 2008  
 DATE

Executed on April 1, 2008  
 DATE

Executed on \_\_\_\_\_  
 DATE

By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**



INSTRUCTIONS ON REVERSE

Page 1

LD NUMBER

COMMITTEE NAME

COMMITTEE AGAINST MEASURE B: No on Measure B Campaign

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**Primarily Formed to Support or Oppose Specific Candidates or Measures**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
Measure B	Mendocino County	SUPPORT <input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>