

**Statement of Organization  
Recipient Committee**

23

Type or print in ink

STATEMENT OF ORGANIZA

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# \_\_\_\_\_

Termination - See Part 6  
List I.D. number:

# 1306185

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

12 / 31 / 2008  
Date of Termination

RECEIVED AND FILED  
the office of the Secretary of State  
of the State of California

JAN 05 2009

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 410

For Official Use Only

FILED  
FEB 25 2009

SUGAN M. PAKOCHAK  
MENDOCINO COUNTY CLERK  
Deputy

**1. Committee Information**

NAME OF COMMITTEE  
No on Measure B Campaign Committee  
705 N. State Street #159  
Ukiah CA 95482

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Mendocino	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PH

NAME OF ASSISTANT TREASURER, IF ANY  
Thomas Davenport

STREET ADDRESS  
705 N. State Street #159

CITY STATE ZIP CODE AREA CODE/PH  
Ukiah CA 95482

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

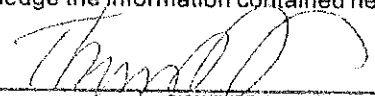
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PH

**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 December 31, 2008  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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

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

By \_\_\_\_\_  
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Statement of Organization  
**Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2  
 I.D. NUMBER  
 1306185

COMMITTEE NAME  
 No on Measure B Campaign Committee

**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 Committee**

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	
		SUPPORT	OPF
Measure B	Mendocino County		<input checked="" type="checkbox"/>
		SUPPORT	OPF