Statement of Organization Recipient Committee				Type or print in ink		ı	oure	Date Star	,	io,	TEMENT OF ORGANIZA ALIFORNIA 41
Statement Type			7 or	Amendment List I.D. number:	X Ter List I.D.	mination – See Pái number:	the off	ce of the Secreta the State of Califo	ry of S emia	tate	For Official Las Chity
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		Date qualified as	committee	Date qualified as committee		31 , 2008 of Termination		BRA BOW retary of S			SUGAN M. RZAKOCHAK MENDOCINO COVATLY CLERK Depu
1.	Committee	Information				2. Treasurer a	nd Otl	ner Principal	Offic	cers	Estate de la companya del companya de la companya del companya de la companya del la companya de
	NAME OF COMMITTEE  No on Measure B Campaign Committee					NAME OF TREASUR	RER	والمرافقة	***************************************	The second section of the second seco	age danada y tila qira oʻl (qi) iray xarqoqqa soo dagga qarqaadag qaasamin qarqay xa medadira biya qayad
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	OPTIONAL: FAX / E-MAIL ADDRESS					CITY Uklah	enderson en	C	TATE A	zip cod 95482	
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	Attach additional information on appropriately labeled continuation sheets.					CITY	Po-Pi-la-strantavila peopyvila	S	TATE	ZIP COD	PE AREA CODE/PH
3.	Verification I have used all re perjury under the	easonable diligence a laws of the State	e in preparin of California	g this statement and to the bes that the foregoing is true and co	it of my knov	wledge the Informat	ion conta	alned herein is true	e and c	complete.	I certify under penalty
	Executed on	December 3	1, 2008	er kanskin en skriver kanskin skriver programer	Mary	NATURE OF	) Treasurer or assista	NT TREA	ASURER	-model-major exemplative di principi de model dinapenga angga angga dininkun di puliban kanalika sa sa	
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Type of Committee Complete the applicable sections.									
Controlled Committee									
<ul> <li>List the name of each controlling officeholder, candidate, or state medistrict number, if any, and the year of the election.</li> </ul>	pplicable sections.  Dider, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and election.  Ideholder or candidate is affiliated or check "non-partisan."  Controlled committee, list the name and identification number of the other controlled committee.  ELECTIVE OFFICE SOUGHT OR HELD  MEASURE PROPONENT  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  Mon-Partisan  Manual Mon-Par								
<ul> <li>List the political party with which each officeholder or candidate is aff</li> </ul>	iliated or check "non-partisan."								
If this committee acts jointly with another controlled committee, list the	ne name and identification numbe	er of the other controlle	d committee.						
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT			YEAR OF ELECTION	PAR TY					
				Non-Partisan					
	and a state of the	<del>- Tempo Palato</del> (Arkitikiki da da kamaninan ja a mikariman ki mborama a kung <u>a</u> anama	The Control of the Co	Non-Partisan					
List the financial institution where the campaign bank account is loca	ted (controlled "candidate electio	n" committees only)	Pitropis - Callin in Calpatillo relate de mendana mentra malpura reguer o grapo grapo e e e e e e e e e e e e						
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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUR	IT NUMBER						
ADDRESS	CITY	STATE	ZIP CODE	The state of the s					
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Primarily Formed Committees Primarily formed to support or oppose sp	pecific candidates or measures in a s	ingle election. List below	•						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	CANDIDATE(S) OFF	ICE SOUGHT OR HELD OR	MEASURE(S) JURISDICTION	1					

Mendocino County

Measure B

SUPPORT

CHECK ONE SUPPORT OPF