

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:
1306185
12 / 31 / 2008
Date of Termination

Date Stamp
RECEIVED
DEC 31 2008
SUSAN M. RANOCIAK
COUNTY CLERK-RECORDER

CALIFORNIA FORM 410
For Official Use Only
FILED
DEC 31 2008
SUSAN M. RANOCIAK
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 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Mendocino

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

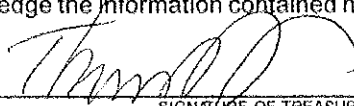
MAILING ADDRESS

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 _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent