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Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 RECEIVED AND FILED JUN 16 2010 DEBRA BOWEN Secretary of State CITY OF COVATI

Statement Type Initial Not yet qualified or

Amendment List I.D. number:

Termination List I.D. number:

_____ Date qualified as committee (if applicable) _____ Date of Termination _____

1. Committee Information

NAME OF COMMITTEE
George Barich for City Council, 2010

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Cofati CA 94931
MAILING ADDRESS (IF DIFFERENT) _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
George Barich Jr

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Cofati CA 94931
NAME OF ASSISTANT TREASURER, IF ANY _____
STREET ADDRESS (NO P.O. BOX) _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

COUNTY OF DOMICILE _____ COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____
Sonoma

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 June 15, 2010 DATE
By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE
By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE
By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE
By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

George Barich for City Council, 2010

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
George Barich Jr.	Cotati City Council	2010	<input checked="" 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: Wells Fargo Bank

ADDRESS: 5 Padre Pkwy

AREA CODE/PHONE: 707 588-5580

CITY: Rohnert Park

STATE: CA

BANK ACCOUNT NUMBER: [REDACTED]

ZIP CODE: 94928

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
		OPPOSE