

RECEIVED
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STATEMENT OF ORGANIZATION
CALIFORNIA 410
FORM

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in the Office of the Secretary of State
of the State of California

JUN 24 2010
JUN 30 2010

Type or print in ink

Statement of Organization Recipient Committee

Statement Type Initial Not yet qualified

Amendment List I.D. number

Date qualified as committee (if applicable)

Date qualified as committee

Date of Termination

1. Committee Information

NAME OF COMMITTEE
CITIZENS AND LOCAL BUSINESSES
OPPOSING MEASURE A

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
COTATI, CA 94931

MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Management Officers

NAME OF TREASURER
GEORGE BARICH
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
COTATI, CA 94931

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
SONOMA
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

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 6-24-10
DATE
By [REDACTED]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [REDACTED]
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
By [REDACTED]
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
By [REDACTED]
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

I.D. NUMBER
 1326647

**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
 CITIZENS AND LOCAL BUSINESSES OPPOSING
 MEASURES VA

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 PROONENT | 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)

| | | | |
|-----------|--------------------|-----------------------------------------------|--------------------------------------------|
| MEASURE A | COTATI, SONOMA CO. | CHECK ONE SUPPORT <input type="checkbox"/> | OPPOSE <input checked="" type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

BANK ACCOUNT: [REDACTED]
 WEST AMERICA BANK
 300 PARKER PARK EXPRESSWAY, ROBERT PARK, CA 94928

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.