

RECEIVED
JUL 26 2010

STATEMENT OF ORGANIZATION
CALIFORNIA 410
FORM
For Official Use Only

Type or print in ink

Statement of Organization Recipient Committee 49

Statement Type Initial or Not yet qualified

Amendment List I.D. number:

1324384

Date qualified as committee

Date qualified as committee (if applicable)

Date Stamp

RECEIVED
CITY OF COTATI
Termination - See Payment
List I.D. Number

JUN 24 2010

CITY OF COTATI
CITY MANAGER/CITY CLERK
Date of Termination 6/22/2010

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California

JUN 30 2010

2. Treasurer and Other Principal Officers
DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Neighbors for Measure A

NAME OF TREASURER

Linnell Hardy

STREET ADDRESS

[Redacted]

CITY

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Cotati

STATE ZIP CODE AREA CODE/PHONE

CA 94931

STATE ZIP CODE AREA CODE/PHONE

CA 94931

NAME OF ASSISTANT TREASURER, IF ANY

Cotati

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

Cotati

STATE ZIP CODE AREA CODE/PHONE

CA 94931

OPTIONAL: FAX / E-MAIL ADDRESS

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

Robert Coleman / Chair

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MAILING ADDRESS

[Redacted]

CITY

Cotati

STATE ZIP CODE AREA CODE/PHONE

CA 94931

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 22, 2010 DATE

[Redacted] ASSISTANT TREASURER

Executed on _____ DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Neighbors for Measure A

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)	CHECK ONE SUPPORT	OPPOSE
<i>Measure A</i>	<i>Cotati</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>