

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

#

Termination - See Part 5

List I.D. number:

1322042

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

Date of Termination 01 / 12 / 2010

1. Committee Information

NAME OF COMMITTEE

Friends of Linell Hardy for City Council 2009

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Cotati

STATE

CA

ZIP CODE

94931

AREA CODE/PHONE

[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Linell Hardy

STREET ADDRESS

[REDACTED]

CITY

Cotati

CA

STATE

94931

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 Jan. 10, 2013

DATE

By [Signature]

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