

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:

Date qualified as committee _____

1353245
Date of Termination 12, 30, 12

STATEMENT OF ORGANIZATION

CALIFORNIA 410 F-P-P-C

RECEIVED DEC 3 2013

POLICE DEPARTMENT OF COTATI
CITY MANAGER/CITY CLERK

1. Committee Information

NAME OF COMMITTEE
GEORGE BARICH FOR City Council 2012

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GEORGE BARICH

STREET ADDRESS
[REDACTED]

CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/ E-MAIL ADDRESS _____

COUNTY OF DOMICILE _____
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 12-30-12 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on 12-30-12 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

GEORGE BARICH

Page 2

I.D. NUMBER

1353245

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 |
|---|---|------------------|---|
| <i>GEORGE BARICH</i> | <i>City Council</i> | <i>2012</i> | <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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER | STATE | ZIP CODE |
| <i>WELLS FARGO</i> | <i>707-588-5580</i> | <i>6990590736</i> | | |
| ADDRESS | CITY | | | |

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) | CHECK ONE | |
|---|-----------|--------|
| | SUPPORT | OPPOSE |
| | | |
| | | |