

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

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

Termination - See Part 5

List I.D. number:

910701

12 / 31 / 11
Date of Termination

Date Stamp	CALIFORNIA FORM 410
recd. 1/3/2012 City Clerk's Office Received JAN 03 2012 Time:	
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE

Friends of Al Boro

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

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.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 December 27, 2011
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on December 27, 2011
DATE

By [Signature]
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