

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1280937

Termination - See Part 5
List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp
CITY OF SANTA CLARITA
2007 MAY 11 P 2:57
RECEIVED
CITY CLERKS OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

NAME OF TREASURER

Mark Hershey Election Committee
STREET ADDRESS (NO P.O. BOX)

Mark Hershey
STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA
MAILING ADDRESS (IF DIFFERENT)

Santa Clarita CA
NAME OF ASSISTANT TREASURER, IF ANY

Same

N/A
STREET ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

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 5-11-07
DATE

Executed on 5-11-07
DATE

Executed on _____
DATE

Executed on _____
DATE

By Mark Hershey
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Mark Hershey
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT