

**Statement of Organization
Recipient Committee**

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:

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp	CALIFORNIA FORM 410
CITY OF SANTA CLARITA	For Official Use Only
2005 OCT 11 P 3:54	
RECEIVED CITY CLERKS OFFICE	

1. Committee Information

NAME OF COMMITTEE

Mark Hershey Election Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA _____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

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

Sue McNab Sue McNab

STREET ADDRESS

Santa Clarita CA _____

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA _____

NAME OF ASSISTANT TREASURER, IF ANY

Marcus W Hershey

STREET ADDRESS

Santa Clarita CA _____

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA _____

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

MAILING ADDRESS

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 10-10-05
DATE

Executed on 10-10-05
DATE

Executed on _____
DATE

Executed on _____
DATE

By Sue McNab
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Marcus W 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

**Statement of Organization
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STATEMENT OF ORGANIZATION

**CALIFORNIA 410
FORM**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mark Hershey Election Committee

Page 2

I.D. NUMBER

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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Marcus W Hershey	City Council member - Santa Clarita	2006	<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	
will amend			
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