

Statement of Organization
Recipient Committee 19

Santa Clarita
Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:
1280937

Date qualified as committee
(If applicable)

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

Date of Termination

Date Stamp
RECEIVED AND FILLED
in the office of the Secretary of State
of the State of California
JAN 04 2006
BRUCE McPHERSON
Secretary of State

For Official Use Only
JAN 10 AM 10:30
CALIFORNIA FINANCE
DISCLOSURE SECTION

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 [REDACTED]

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

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Marcus W Hershey

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA [REDACTED]

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 12-29-05 DATE

Executed on Dec 26 2006 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