

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial
Not yet qualified or
11/30/05
Date qualified as committee

Amendment
List I.D. number:
1280937
11/30/05
Date qualified as committee
(If applicable)

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

Date of Termination

Date Stamp
CITY OF SANTA CLARITA
2006 MAR 20 P 3:44
RECEIVED

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 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles

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
NAME OF ASSISTANT TREASURER, IF ANY
Marcus W. Hershey
STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Clarita
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 3-14-06 DATE
Executed on 3-14-06 DATE
Executed on _____ DATE
Executed on _____ DATE

By Sue McNab SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Marcus W. Hershey SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT