

Statement of Organization Recipient Committee

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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:

1327506

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

SEP 08 2010

DEBRA BOWEN Secretary of State

For Official Use Only

RECEIVED

SEP 23 2010

SLO CITY CLERK

1. Committee Information

NAME OF COMMITTEE

Elect Jan Marx Mayor 2010

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

805 541-2716

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

same

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gregory T. Griffin

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Jan Howell Marx

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

Jan Howell Marx

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 9-1-10 DATE

Executed on 9-1-10 DATE

Executed on DATE

Executed on DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT