

Statement of Organization
Recipient Committee

R32

1447485

Statement Type	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
	<input type="radio"/> Not yet qualified or		Date of termination
	<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
	4/12/22	4/12/22	

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

CALIFORNIA
FORM 410

For Official Use Only

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MAY 09 2022

RPA

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE		NAME OF TREASURER			
Hendrickson 4 Assessor 2022		Kathy Beatty			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rivinius		Rivinius	CA	95971	530-258-932
CITY	STATE	ZIP CODE	AREA CODE/PHONE		
Rivinius	CA	95971	530-414-0173		
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
P.O. BOX 12603 Rivinius, CA 95971		NA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)			
hendricksonassessor@gmail.com		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)	
Plumas County	Plumas County				
STREET ADDRESS (NO P.O. BOX)					
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	4/12/22	By	ASSISTANT TREASURER
Executed on	4/13/22	By	CANDIDATE, OR STATE MEASURE PROponent
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Hendrickson 4 Assessor 2022</i>	I.D. NUMBER	
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located. 		
NAME OF FINANCIAL INSTITUTION <i>Plumas Bank</i>	AREA CODE/PHONE <i>530-283-1800</i>	BANK ACCOUNT NUMBER <i>[REDACTED]</i>
ADDRESS <i>[REDACTED]</i>	CITY <i>Orvin</i>	STATE <i>CA</i>
		ZIP CODE <i>95971</i>

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 "nonpartisan." Stating "No party preference" is acceptable
- 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 PROPOUNDER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<i>Amy Hendrickson</i>	<i>Plumas County Assessor</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan (list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Hendrickson Assessment 2022

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
-----------------	--	--	--	--

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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APR 12 2022

CALIFORNIA FORM 460

Page _____ of _____

For Official Use Only

Statement covers period
from January 1, 2022

through April 12, 2022

Date of election if applicable:
(Month, Day, Year) _____

06/07/2022

PLUMAS CO. CLERK-RECORDER

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Hendrickson 4 Assessor 2022

STREET ADDRESS (NO P.O. BOX)

Quincy CA 95971 530.414.0173
CITY STATE ZIP CODE AREA CODE/PHONE

P.O. BOX 12103 Quincy CA 95971
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

530.414.0173
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kathy Beatty

MAILING ADDRESS

P.O. Box 332

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530.258.9312

NAME OF ASSISTANT TREASURER, IF ANY

P.O. BOX 332
MAILING ADDRESS

Quincy CA 95971
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true

Executed on 4-12-22

Date

By _____ Assistant Treasurer

Executed on 4-12-22

Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Amy Hendrickson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Plumas County Assessor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Quincy CA 95971

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 1, 2022

CALIFORNIA
FORM **460**

through April 12, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amy Hendrickson

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>787</u>	\$ _____
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>787</u>	\$ _____
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>787</u>	\$ _____

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>1850</u>	\$ _____
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>1850</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>1850</u>	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy) Total to Date

/ / / \$ _____

/ / / \$ _____

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>787</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>787</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>1850</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>-1063</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ _____
------------------------------------	---------------------------	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

<p>Statement covers period from <u>January 1, 2022</u></p> <p>through <u>April 12, 2022</u></p>	<p>CALIFORNIA FORM</p> <p>460</p>
<p>Page <u> </u> of <u> </u></p>	
<p>I.D. NUMBER</p>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/11/22	Windi Lambach P. O. Box 646 Quincy CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appraiser, Plumas County	200	200	0
4/11/22	Kathy & Mike Beatty P.O. Box 1369 Quincy CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beatty Construction, Inc.	500	500	0
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 700.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 87.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 787.00**

- *Contributor Codes
- IND – Individual
- COM – Recipient Committee
(other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SCHEDULE E

CALIFORNIA
FORM 460

Statement covers period

from _____

through _____

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I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
VC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wild Hare Signs	CMP		Yard signs, banners, stickers	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ _____
2. Unitemized payments made this period of under \$100.....\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....**TOTAL \$** _____

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

FILED**Candidate Intention Statement**

Date Stamp

CALIFORNIA
FORM**501**

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Check One: Initial Amendment (Explain) _____

MAR 11 2022

PLUMAS CO. CLERK-RECORDER

BY _____

DEPUTY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hendrickson, Amy M.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

(530) 414-0173

FAX NUMBER (optional)

() -

EMAIL (optional)

Hendrickson4Assessor@ymail.com

OFFICE SOUGHT (POSITION TITLE)

Plumas County Assessor

AGENCY NAME

CITY

Quincy

STATE

CA

ZIP CODE

95971

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County: _____

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

2022

 PRIMARY / GENERAL SPECIAL / RUNOFF**2. State Candidate Expenditure Limit Statement:**

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

3-11-22
(month, day, year)

Signed

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

Date of termination

Date Stamp
RECEIVED

**CALIFORNIA
FORM 410**

For Official Use Only

10/11/2022

PLUMAS CO. CLERK-RECORDED

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE

Hendrickson4Assessor

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Quincy

STATE

(A)

ZIP CODE

95971 530-414-0173

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1803

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Hendrickson4Assessor@gmail.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kathy Beatty

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

(A)

ZIP CODE

95971

AREA CODE/PHONE

530-258-9322

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

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 _____ By _____

ATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

LLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent