Statement of Organization Recipient Committee			Type or print in ink				Date	e Stamp	CALI	FORNIA	DRGANIZATION
Statement Type	Initial Not yet qualified Date qualified as co	demonstration from the publica	#	er:	List I.D. # 1292		JUL S	3 0 2010 RKS OFF		ORM For Official Us	se Only
1. Committee	Information	Section 1 and December 1 to the Association of Contracts	THE STATE OF THE S	O THERM HE WANTED THE MENTER HERE THE PROPERTY IS THE THERM OF THE THE PROPERTY HAVE BEEN AND THE	en e	2. Treasurer and (Other Princi	pal Offic	cers	THE TRANSPORT OF THE PROPERTY	AND THE PROPERTY OF THE PROPER
NAME OF COMMITT	EE	The state of the s	CHROCOLLEGACES LLANGEOGRAPHICAGES AND A CANAL SER AND	engales de como o en sonali participata en o recisioso, en contro de contro de contro de contro de contro de c	491.000440, Marcolandolos 4 (1117-142)	NAME OF TREASURER	upora, Naspanggapu, pamenin amerin 1981 odni. 1985 bilanda da Angil Pe i 1997 bil	,		AT THE REAL PROPERTY OF THE PARTY OF THE PAR	окорно Нионичания возгочна возгочначания возгочна
Re-Elect Gary	M. Clifford					Gary M Clifford					
Glendora City	Council					STREET ADDRESS					
MANUAL REAL PROPERTY OF THE PR		apagadiyi add di waxay gaar oo dhahay iyaa dhahay		والمعارضة والمراجعة والمراجعة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة		2443 Country Club	Drive	THE RESIDENCE AND A SECOND PROPERTY OF THE PARTY OF THE P		***************************************	الله المنافظة المنافر ومساحدة المراقبة ومنافع في منافع ومنافع في منافعة والمساوم في المساوم و
STREET ADDRESS	(NO P.O. BOX)					CITY		STATE	ZIP CODE		A CODE/PHONE
2443 Country	Club Drive					Glendora		CA	91741	626.9	063.3177
CITY		STATE	ZIP CODE	AREA CODE	E/PHONE	NAME OF ASSISTANT TRE	ASURER, IF ANY				
Glendora,		CA	91741	626.963.17	777	None	**************************************	ALL WASHINGTON A CONTINUE OF C	**************************************	NA COMMENTO COMMENTO DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPA	CATION IN CONTRACTOR C
MAILING ADDRESS	(IF DIFFERENT)		as destablicated and or some populational positions (grown on growth state) and a		and a comment of a select to select the control of	STREET ADDRESS					
PO Box 939 G	Glendora CA 91740)				CITY		STATE	ZIP CODE	ARE/	A CODE/PHONE
OPTIONAL: FAX / E	E-MAIL ADDRESS		Hallangaran (1994) (1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	in a Ballung Europe (- h. Strockforge) and an Elevia for the Second Colored and Colored a Eleviation	CONTRACTOR OF CHARLES AND CONTRACTOR OF CONT			- · · · · -			
						NAME AND POSITION OF (THER PRINCIPAL C	OFFICER(S), II	APPLICABLE	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIF		ACTIVE IF DIFFER	ENT	None							
Los Angeles	and and an	THAN COUNTY	OF DOMICILE			MAILING ADDRESS				The same and the s	
Attack addition 1		intaly labor-	and in the first of the second	COMMUNICATION COMMUNICATION CONTRACTOR STRUCTURE CONTRACTOR CONTRA	COLO TERMO PARA DA MARA ESPARA RELA PARA	CITY	THE PROPERTY OF THE PROPERTY O	STATE	ZIP CODE	ARE	A CODE/PHONE
Attaci i additional i	information on appropr	iately labeled	communion sne	σιδ.							

3. Verifica I have used perjury und		ement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of pregoing is true and correct.
Executed on	DATE	BySIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By
Executed on	DATE	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee		STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM Page 2		
NSTRUCTIONS ON REVERSE				
COMMITTEE NAME	LEST TRANSPORTE REPORT FOR THE STATE OF THE			I.D. NUMBER
Committee to Re-Elect Gary M. Clifford	as include dom mayor sherksolskom hat degralays on mass illiga karaskas terma i s el fitze baraskas paraka as sok	rappere de l'autorité d'un la compans de l'autorité démand département de l'autorité département de l'autorité de		1292720
4. Type of Committee Complete the applicable sections.				
Controlled Committee				
 List the name of each controlling officeholder, candidate, or state n district number, if any, and the year of the election. 	neasure proponent. If candidate o	r officeholder controlle	ed, also list the elective	office sought or held, and
• List the political party with which each officeholder or candidate is affi	iliated or check "non-partisan."			
• If this committee acts jointly with another controlled committee, list	the name and identification number	er of the other controll	ed committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PARTY
Gary M. Clifford	City Council, Glendora		2007	Non-Partisan
		awa 234 Kanadasek Coronalisa ya kata kwa ina kata kwa kata kwa kata kwa kata ka ta ka a a atao a kata ka a a a	A SACRA MARIE STATE OF THE SACRA	Non-Partisan
List the financial institution where the campaign bank account is local	ted (controlled "candidate election" c			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOL	INT NUMBER	
PRR Bank & Trust	888-342-5733	39825978	38	
ADDRESS	CİTY	STATE	ZIP CODE	
	Glendora	CA	91740	

SUPPORT

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