atement of Organization cipient Committee			Type or print in ink			STATEMENT OF ORGANIZATION			
		Ty				Date Stamp	SECTION CONTRACTOR	FORNIA DRM	410
tement Type	☐ Initial  Not yet qualified ☐ or	Lint I D. nor	Amendment List I.D. number:		nination – See Part 5 umber:		dispersion	For Official Us	e Only
		#		# 1241°	190				
	Date qualified as co	mmittee Date qua	nittee Date qualified as committee (# applicable)		01 , 11 of Termination	Savo see a	and .		
Committee Inf	ormation			2	. Treasurer and Othe	r Principal Officers			
NAME OF COMMITT	EE			<del> </del>	NAME OF TREASURER				
Committee to Elect Cliff Hamlow to the Glendora City Council					Hank C. Bode STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)				CITY	STAT	E ZIP CODE	AREA	CODE/PHONE	
	` '				Glendora	CA			
CITY		STATE ZIP CO		E/PHONE	NAME OF ASSISTANT TREA	SURER, IF ANY			
Glendora MAILING ADDRESS	/IE DIEFERENT)	CA 9174		···	STREET ADDRESS (NO P.O	, BOX)			
WAILING ADDRESS	(IF DIFFERENT)						710 0005	ADEA	CODE/PHONE
OPTIONAL: FAX / E	-MAIL ADDRESS				CITY	STAT	E ZIP CODE	AREA	CODEFRONE
chamlow@ap					NAME OF PRINCIPAL OFFIC	CER(S)			
COUNTY OF DOMICILE COUNTY WHERE COM			OMMITTEE IS ACTIVE IF DIFFERENT						
Los Angles		THAN COUNTY OF DOMIC	LE		STREET ADDRESS (NO P.O	. BOX)			
Attach additional information on appropriately labeled continuation sheets.					CITY	STA	TE ZIP CODE	AREA	CODE/PHONE
Verification I have used all reperjury under the	easonable diligence e laws of the State o	f California that the for	ment and to the bes regoing is true and o	at of my know correct.	edge the information con	tained herein is true an	d complete. I cer	tify under p	penalty of
Executed on	January 23,	2012	Ву		SIGNATURE	OF TREASURER OR ASSISTANT	TREASURER	<del> </del>	<u> </u>
Executed on	January 23,	2012	Ву	Cliffo	rd A. Hamlow	OFFICEHOLDER, CANDIDATE, O	R STATE MEASURE PRO	PONENT	
Executed on	DATE		Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, O	R STATE MEASURE PRO	PONENT	
Executed on	DATE		Ву		SIGNATURE OF CONTROLLING				