Statement of Organization
Recipient Committee

Type or print in Ink

Statement Type ☑ Initial
Not yet qualified ☐ or

Date qualified as committee 08.24.2012

1. Committee Information
NAME OF COMMITTEE: HAFFA FOR COUNCIL 2012

STREET ADDRESS:

CITY: Monterey
STATE: CA
ZIP CODE: 93940

COUNTY OF DOMICILE: Monterey Co.

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER: Megan Tolbert

STREET ADDRESS:

CITY: Monterey
STATE: CA
ZIP CODE: 93940

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 8/28/12
By ___________________________ Signature of Treasurer or Assistant Treasurer

Executed on 8/28/12
By ___________________________ Signature of Controlling Officer, Holder, Candidate, or State Measure Proponent

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FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)