Statement of Organization Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Chuck Della Sala for Mayor
   STREET ADDRESS (NO P.O. BOX)
   Monterey
   CITY
   STATE
   ZIP CODE
   PHONE
   MAILING ADDRESS (IF DIFFERENT)
   FAX / E-MAIL ADDRESS
   COUNTY OF DOMICILE
   JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Michael A. Russo
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   PHONE
   NAME OF ASSISTANT TREASURER, IF ANY
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   PHONE
   NAME OF PRINCIPAL OFFICER(S)
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP 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
   DATE
   By
   PRINTED NAME OF TREASURER, OR ASSISTANT TREASURER
   PRINTED NAME OF CANDIDATE, OR STATE MEASURE PROPONENT
   PRINTED NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   EXECUTED ON
   DATE
   By
   PRINTED NAME OF TREASURER, OR ASSISTANT TREASURER
   PRINTED NAME OF CANDIDATE, OR STATE MEASURE PROPONENT
   PRINTED NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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