

Statement of Organization  
Recipient Committee

R33 Type or print in ink  
C

1295870

ORIGINAL STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 2  
List I.D. number:  
# 1295870  
11/10/2011  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
DEC 12 2011  
DEBRA BOWEN  
Secretary of State

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1. Committee Information

NAME OF COMMITTEE  
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

STREET ADDRESS (NO. PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
TEMECULA, CA 92591 916/473-4298

MAILING ADDRESS (IF DIFFERENT)  
SACRAMENTO, CA 95833

OPTIONAL: FAX / E-MAIL ADDRESS  
bauer@theagency.us

COUNTY OF DOMICILE SAN DIEGO	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE STATE
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2. Treasurer and Other Principal Officers

NAME OF TREASURER  
DAVID BAUER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
SACRAMENTO, CA 95833 916/473-4298

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

MAILING ADDRESS

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 11/10/2011 DATE

Executed on 11/10/2011 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By *David Bauer*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *[Signature]*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT