PO Box Addey

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

**CALIFORNIA FORM 410**

For Official Use Only

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 14 2011

DEBRA BOWEN
Secretary of State

**Statement Type**

☐ **Initial**
Not yet qualified ☐ or

___/___/___
Date qualified as committee

☒ **Amendment**
List I.D. number:
# 1340873

09/07/2011
Date qualified as committee
(If applicable)

☐ **Termination – See Part 5**
List I.D. number:
#

___/___/___
Date of Termination

## 1. Committee Information

NAME OF COMMITTEE
Protect Fullerton - Recall NO

STREET ADDRESS (NO PO BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Fullerton, CA 92835 | | | 714-540-2295 |

[illegible]
Santa Ana, CA 92705

OPTIONAL: FAX / E-MAIL ADDRESS

| COUNTY OF DOMICILE | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
|---|---|
| Orange | Orange |

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lysa Ray

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Santa Ana, CA 92705 | | | 714-540-2295 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

NAME OF PRINCIPAL OFFICER(S)
Larry Bennett

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Fullerton, CA 92837-7110 | | | 714-540-2295 |

## 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 12/9/11 (DATE) By Lysa Ray (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)