Statement of C Recipient Con	Organization nmittee	İ				Date Stamp	CALIFORNIA 41
tatement Type	Initial Not yet qualified Date qualified as	-/	Amendment List I.D. number: # Date qualified as committee (If applicable)	Terminat List I.D. numbe # 131569 01	2014	JAN 3 0 2014 CITY CLERKS OFFICE CITY OF GLENDORA	For Official Use Only
1. Committee Ir	nformation			2	. Treasurer and	Other Principal Officers	
Committee to F		en Davis			Gregory E. D		
CITY		STATE	ZIP CODE AREA CODI	PHONE	CITY	STATE	ZIP CODE AREA CODE/PHO
Glendora CA 91741					Glendora	CA 9	1741
MAILING ADDRESS (IF DI	IFFERENT)				NAME OF ASSISTANT TREAS	SURER, IF ANY	
FAX / E-MAIL ADDRESS					STREET ADDRESS (NO P.O. E	BOX)	
COUNTY OF DOMICILE	1U	IRISDICTION WHERE	COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE AREA CODE/PHO
Los Angeles		os Angele	es				
					NAME OF PRINCIPAL OFFIC	CER(S)	
Attach additional	information on a	ppropriately	labeled continuation she	ets.	STREET ADDRESS (NO P.O. I	BOX}	
					СІТУ	STATE	ZIP CODE AREA CODE/PHO
			ng this statement and to of California that the fo			rmation contained herein is true	and complete. I certify unde
Executed on 01	/29/2014	Ву		regory E	DOLVIS THEASURER ON ASSISTANT TH		
Executed on DATE SIGNATURE SIGNATURE OF SIGN					Zivis		
Executed on	DATE	Ву			FICEHOLDER, CANDIDATE, OR		
Executed on	DATE	Ву	CICALATI	IRE OF CONTROLLING OF	EICEHOLDER CANDIDATE OR	STATE MEASURE PROPONENT	