

0502-01-02

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

## 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 5

List I.D. number:

# 1327625

12 / 31 / 10  
Date of Termination

Date Stamp

**RECEIVED**

JAN 14 2011

CITY OF WEST SACRAMENTO

**CALIFORNIA FORM 410**

For Official Use Only

### 1. Committee Information

NAME OF COMMITTEE

Hensley for City Council in 2010

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Sacramento	CA	95691	_____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Terri L Davis

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	_____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
_____	_____	_____	_____

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
_____	_____	_____	_____

### 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 01/10/11  
DATE

By Terri L Davis  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/10/11  
DATE

By Ed Hensley  
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