

Statement of Organiza
Recipient Committee

**SEMI-ANNUAL
ORIGINAL**

19

Statement Type Initial
Not yet qualified or

Date qualified as committee

List I.D. number

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:
1251252
Date of Termination
12 / 31 / 04

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 31 2005
CAMPAIGN FINANCE
DISCLOSURE
KEVIN SHELLEY, Secretary of State
000007
E06491

1. Committee Information

NAME OF COMMITTEE
Friends of Antonovich 2004

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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
Richards Barger

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 1/24/05
DATE

Executed on 1/24/05
DATE

Executed on _____
DATE

Executed on _____
DATE

By Richards Barger
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Michael Antonovich
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

COPY