

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1308307
8 / 20 / 2008
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 11 JAN 31 P12:07 CITY CLERK CITY OF PASADENA	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Friends of Councilmember Jacque Robinson 2011

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Pasadena CA 91103 _____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Tina McKinnor

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Lawndale CA 90260 _____

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 12/10/10
DATE

Executed on 12/10/10
DATE

Executed on _____
DATE

Executed on _____
DATE

By Tina McKinnor
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