

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_  
 Date qualified as committee Date qualified as committee Date of Termination  
(if applicable)

Date Stamp  
**RECEIVED**  
2013 APR -1 PM 3:44  
CITY CLERK, FRESNO CA

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
YES ON G. IT'S GOOD FOR FRESNO. SPONSORED BY FRESHMANS FOR RESPONSIBLE GOVERNMENT AND MAYOR ASHLEY SWEARENGIN, WITH MAJOR FUNDING BY MID VALLEY DISPOSAL

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
FRESNO, CA 93721 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)  
FRESNO, CA 93721 [REDACTED]

FAX/E-MAIL ADDRESS  
DAVID@THEAGENCY.US

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
FRESNO CITY OF FRESNO

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
DAVID BAUER

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
SACRAMENTO, CA 95833 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
TIM CLARK

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
FRESNO, CA 93721 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**3. Certification**

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 4/1/13 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT