Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☑ Amendment ☐ Termination – See Part 5

○ Not yet qualified
or
● Date qualified as committee 08 / 9 / 2018

Date qualified as committee: ____/____/____

Date of termination: ____/____/____

Date Stamp: City of Carmel-by-the-Se
AUG 13 2018
Received by City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)* 1406703

NAME OF COMMITTEE
CAROLYN HARDY FOR CITY COUNCIL 2018

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CARMEL-BY-THE-SEA	CA	93921	(831) [redacted]

MAILING ADDRESS (IF DIFFERENT)
P.O. BOX 824, CARMEL-BY-THE-SEA, CA 93921-0824

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
CHARDY824@GMAIL.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
MONTEREY	CITY OF CARMEL-BY-THE-SEA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
PAULA HAZDOVAC

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PEBBLE BEACH	CA	93953	(831) [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
BARRY SWIFT

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CARMEL-BY-THE-SEA	CA	93921	(831) [redacted]

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 ____ (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on AUGUST 13, 2018 (DATE) By [redacted] (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)