SECRETARY OF THE SENATE

09 NOV -5 AM 11:39

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SECRETARY OF THE SENATE

09 NOV -5 AM 11:38

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

Carly for California, Inc.

ADDRESS (number and street) ☐ (Check if address is changed)

455 Capitol Mall
Suite 801

CITY	STATE	ZIP CODE
Sacramento	CA	95814 -

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ☐ (Check if address is changed)

spurpura@carlyforca.com

COMMITTEE'S WEB PAGE ADDRESS (URL) ☐ (Check if address is changed)

www.carlyforca.com

2. DATE MM 11 / DD 05 / YYYY 2009

3. FEC IDENTIFICATION NUMBER C Requested

4. IS THIS STATEMENT ☒ NEW (N) **OR** ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Salvatore Purpura

Signature of Treasurer _____ Date MM 11 / DD 05 / YYYY 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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