APPOINTMENT OF JUN 2 6 20 REASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE 109 WEST 9TH STREET Initial Appointment This is an (Check one) Amended Statement **CANDIDATE** (Please Type or Print) Name Drive Street Zip Code 6 City County Business Telephone 5055 District No. Office Sought **TREASURER** Date Appointed Bamberger Name Address City Zip Code 94595 Home Telephone 6506 Business Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address Zip Code City Home Telephone **Business Telephone** Treasurer's Name Address City Zip Code Home Telephone **Business Telephone SIGNATURE** "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

SEE REVERSE SIDE FOR INSTRUCTIONS

(Signature of Candidate)

Governmental Ethics Commission

Rev.2000