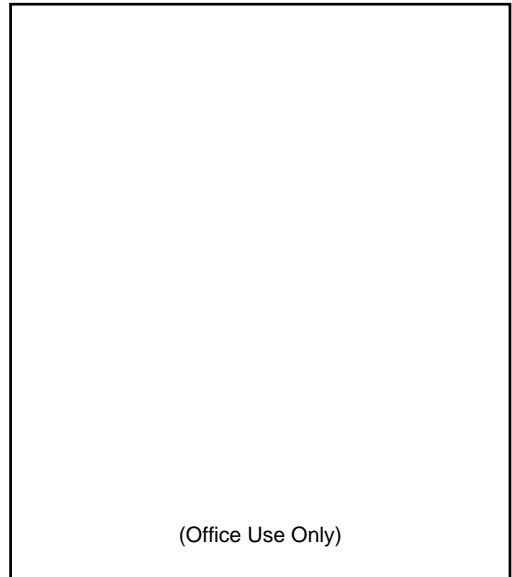




# State of California Secretary of State

## STATEMENT OF FACTS ROSTER OF PUBLIC AGENCIES FILING (Government Code section 53051)



(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State,  
P.O. Box 942870, Sacramento, CA 94277-2870 (916) 653-3984
2. A street address must be given as the official mailing address or as the address of the presiding officer.
3. Complete addresses as required.
4. If you need additional space, attach information on an 8½" X 11" page, one sided and legible.

New Filing  Update

Legal name of Public Agency: \_\_\_\_\_

Nature of Update: \_\_\_\_\_

County: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

Name and Address of each member of the governing board:

**Chairman, President or other Presiding Officer** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Secretary or Clerk** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Members:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [ \_\_\_\_\_ ]

ADDRESS [ \_\_\_\_\_ ]

CITY/STATE/ZIP [ \_\_\_\_\_ ]

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Typed Name and Title