

**Statement of Organization Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  Amendment  
 Not yet qualified  or

List I.D. number: # 1319022  
 Date qualified as committee 07 / 11 / 09  
 (If applicable)

Termination - See Part 5  
 List I.D. number: # \_\_\_\_\_  
 Date of Termination \_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of  
 of the State of California  
 JUL 16 2009  
**DEBRA BOWEN**  
 Secretary of State

CALIFORNIA FORM **410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 McInerney for Town Council 2009

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE



MAILING ADDRESS

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 07/14/09 DATE  
 Executed on 7/14/09 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

McInerney for Town Council 2009

I.D. NUMBER

1319022

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

McInerney for Town Council 2009

I.D. NUMBER

1319022

## 4. Type of Committee (Continued)

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee    COUNTY Committee    STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

### Small Contributor Committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

**Statement of Organization  
Recipient Committee**

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STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# 1319022  
*not yet qualified*  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
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Secretary of State

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**1. Committee Information**

NAME OF COMMITTEE  
McInerney for Town Council 2009

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
--------------------	---

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 July 8, 2009  
DATE

Executed on July 8, 2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME

I.D. NUMBER

McInerney for Town Council 2009

1319022

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	415/456-4892	2604563219	
ADDRESS	CITY	STATE	ZIP CODE
3 Tunstead Ave.	San Anselmo	CA	94960

### Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

**Statement of Organization  
Recipient Committee**

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319022

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STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date qualified as committee  
 (If applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
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 of the State of California  
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**DEBRA BOWEN**  
 Secretary of State

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**1. Committee Information**

NAME OF COMMITTEE  
 McInerney for Town Council 2009

STREET ADDRESS (NO P.O. BOX)  
 50 Nokomis Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-258-0771

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS  
 mcinerneyforcouncil@yahoo.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Marin County	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Linda Yamane

STREET ADDRESS  
 152 Sacramento Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-456-7329

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
 Thomas McInerney, Chairperson

MAILING ADDRESS  
 50 Nokomis Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-258-0771

**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 June 23, 2009  
DATE

Executed on June 23, 2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Thomas McInerney	San Anselmo Town Council	2009	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
to be opened		
ADDRESS	CITY	STATE ZIP CODE

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		SUPPORT	OPPOSE

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FORM **410**

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COMMITTEE NAME

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I.D. NUMBER

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PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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