

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified \_\_\_\_\_  
 or  
 Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amendment  
 Date qualification threshold met  
 8 / 26 / 2019

Termination - See Part 5  
 Date of termination  
 01 / 31 / 20

Date Stamp  
**RECEIVED AND FILED**  
 In the office of the Secretary of State  
 of the State of California  
**FEB 03 2020**

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

I.D. Number (if applicable) 1420798

NAME OF COMMITTEE  
 No on Measure M

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

FULL MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 \_\_\_\_\_

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Marin Marin

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Marilyn Ormond

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

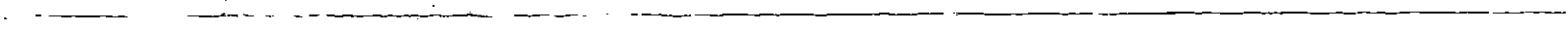
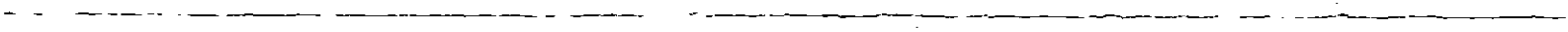
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/20 By \_\_\_\_\_ ASSISTANT TREASURER

Executed on 1/31/20 By \_\_\_\_\_ CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 1/31/20 By \_\_\_\_\_ CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
No on Measure M

I.D. NUMBER  
1420798

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION U.S. Bank	AREA CODE/PHONE 415-456-7830	BANK ACCOUNT NUMBER 15716236112
ADDRESS 305 San Anselmo Ave.	CITY San Anselmo	STATE CA
		ZIP CODE 94960

**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 "nonpartisan." Stating "No party preference" is acceptable.
- 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Oppose Measure M	No on Measure M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
déscription: Destroy and replace Memorial Park		<input type="checkbox"/>	<input type="checkbox"/>

