

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# 1360204

12/31/2013  
Date of Termination

in the office of the Secretary of State  
of the State of California

Date Stamp

**FILED**

JAN 27 2014

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Renew San Anselmo, a Committee for Measure D

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo, CA 94960

MAILING ADDRESS (IF DIFFERENT)

P O Box 641, San Anselmo, CA 94929

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Anselmo

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Wade Stevenson

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo, CA 94960

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

**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 1/18/2014 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Renew San Anselmo, a Committee for Measure D

I.D. NUMBER

1360204

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

|  |                                 |  |
|--|---------------------------------|--|
| NAME OF FINANCIAL INSTITUTION<br>Wells Fargo | AREA CODE/PHONE<br>415-454-1941 | BANK ACCOUNT NUMBER<br>5129022231 (Closed) |
| ADDRESS<br>3 Tunstead Ave                    | CITY<br>San Anselmo             | STATE<br>CA                                |
|  |                                 | ZIP CODE<br>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."
- 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY                                |
|--|---|------------------|--------------------------------------|
|  |   |                  | <input type="checkbox"/> Nonpartisan |
|  |   |                  | <input type="checkbox"/> Nonpartisan |

**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<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Town of San Anselmo Measure D   | San Anselmo, CA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/> |