

21

**Statement of Organization
Recipient Committee**

1377782

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

06/04/2015 Date qualified as committee _____ Date qualified as committee (If applicable) _____ Date of Termination _____

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 05 2015

Hand Delivered, Sacramento

CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE
Doug Kelly for Town Council 2015

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
San Anselmo, CA 94960 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Marin _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Doug Kelly

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
San Anselmo, CA 94960 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Nancy L. Warren

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Novato, CA 94949-5731 [REDACTED]

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information

Executed on 6/4/2015 By _____ TREASURER

Executed on June 4, 2015 By _____ STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Doug Kelly for Town Council 2015

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Bank of San Francisco	AREA CODE/PHONE 415-744-6700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 575 Market St., Suite 900	CITY San Francisco	STATE ZIP CODE CA 94105

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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Doug Kelly	San Anselmo City Council Member	2015	<input checked="" 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 (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>