

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial Amendment
 Not yet qualified or
 21 _____
 Date qualified as committee

List I.D. number: # _____
 Date qualified as committee
 (if applicable)

Termination - See Part 5
 List I.D. number: # 1341204
 12/31/2011
 Date of Termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 FEB 29 2012
DEBRA BOWEN
 Secretary of State

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Vote Doug Kelly For Town Council 2011

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 San Anselmo, CA 94960 _____

MAILING ADDRESS (IF DIFFERENT)

 Novato, CA 94949-5731

OPTIONAL: FAX / E-MAIL ADDRESS

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Douglas T. Kelly

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 San Anselmo, CA 94960 _____

NAME OF ASSISTANT TREASURER, IF ANY
 Nancy L. Warren

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Novato, CA 94949-5731 _____

NAME OF PRINCIPAL OFFICER(S)

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 and belief, I am not guilty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2011 DATE By _____

Executed on 01/31/2011 DATE By _____

Executed on _____ DATE By _____

Executed on _____ DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

2 of 3

COMMITTEE NAME

Vote Doug Kelly For Town Council 2011

I.D. NUMBER

1341204

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
Douglas T. Kelly	Town Council Town of San Anselmo	2011	<input checked="" 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	
Bank of Marin	415-259-0365	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
999 Anderson Drive	San Rafael	CA	94901

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