

21
**Statement of Organization
 Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
 Not yet qualified or

Amendment
 List I.D. number:
 # _____

Termination - See Part 5
 List I.D. number:
 # 1280046

_____/_____/_____
 Date qualified as committee

_____/_____/_____
 Date qualified as committee
 (If applicable)

03 / 31 / 06
 Date of Termination

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

DEC 11 2012

DEBRA BOWEN
 Secretary of State

CALIFORNIA
 FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

TED FREEMAN FOR COUNCIL

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN ANSELMO CA 94960

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

MARIN

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

MARILYN ORMOND

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN ANSELMO CA 94960

NAME OF ASSISTANT TREASURER, IF ANY

VIDA FREEMAN

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN ANSELMO CA 94960

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

Executed on 12/5/2012
DATE

Executed on 12-5-2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

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 |
|--|---|------------------|--|
| TED W. FREEMAN | SAN ANSELMO TOWN COUNCIL | 2005 | <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 |
|-------------------------------|-----------------|---------------------|
| WESTAMERICA BANK | 415-721-1169 | ██████████ Closed) |
| ADDRESS | CITY | STATE ZIP CODE |
| 834 SIR FRANCIS DRAKE BLVD. | 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 |
| | | | |
| | | | |