

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee _____
(If applicable)

Termination - See Part 5
List I.D. number:
1257682
Date of Termination 12 / 1 / 12

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only
JAN 16 2013
DEBRA BOWEN
Secretary of State
FILED
ry of State
ornia
in the office of the Secretary of State
of the State of California

1. Committee Information

NAME OF COMMITTEE
Barbara Thornton for Council

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

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

MAILING ADDRESS (IF DIFFERENT)

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
Marilyn Ormond

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

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

Executed on 12-1-12 DATE
Executed on JAN. 11, 2013 DATE
Executed on _____ DATE
Executed on _____ DATE

[REDACTED SIGNATURE]
By _____
By _____
By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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