

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 # 1379526
 _____ # _____
 Date qualified as committee Date qualified as committee (if applicable) Date of Termination
 _____ # 12/11/2015

Date Stamp	CALIFORNIA FORM 410
RECEIVED	
JAN 05 2015	
TOWN OF SAN ANSELMO	For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Committee to Elect Lise Stampfli
Terme to San Anselmo City Council
 STREET ADDRESS (NO P.O. BOX)

 AREA CODE/PHONE
San Anselmo CA 94960
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
San Anselmo CA 94970
 COUNTY OF DOMICILE
Marin
 JURISDICTION WHERE COMMITTEE IS ACTIVE
San Anselmo

NAME OF TREASURER
Kathleen K. Schaefer
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
San Anselmo CA 94960
 NAME OF ASSISTANT TREASURER, IF ANY
Lise Stampfli Terme
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
San Anselmo CA 94960
 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 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 12/31/2015 _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 12/31/2015 _____
 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