

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# 1359905  
08/14/2013  
Date qualified as committee  
(if applicable)

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

# 1359905  
12/31/2015  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>For Official Use Only</small>
RECEIVED	
FEB 01 2016	
TOWN OF SAN ANSELMO	

**1. Committee Information**

NAME OF COMMITTEE  
Doug Kelly for Town Council 2013

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

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

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]  
San Rafael, CA 94949-5731

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)  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and it is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 1/28/2016 By [REDACTED]  
DATE

Executed on 1-25-16 By [REDACTED]  
DATE

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

2 of 3

COMMITTEE NAME  
Doug Kelly for Town Council 2013

I.D. NUMBER  
1359905

- 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 70400
ADDRESS 575 Market Street, 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Doug Kelly	San Anselmo City Council Member	2013	<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"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>	
3 of 3	
I.D. NUMBER	
1359905	

COMMITTEE NAME  
Doug Kelly for Town Council 2013

4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.