

Statement of Organization
Recipient Committee

Type or print in ink

1347288

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

04 / 12 / 12
Date qualified as committee

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

Date of Termination

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

APR 27 2012

DEBRA BOWEN
Secretary of State

For Official Use Only

RECEIVED

MAY 11 2012

Committee Information

NAME OF COMMITTEE

Committee Against Measure D - Vote No on D

STREET ADDRESS (NO P.O. BOX)

129 Prospect Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 415-331-1590

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

John Flavin

STREET ADDRESS

~~129 Prospect Ave~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 415-331-1590

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

John Flavin

MAILING ADDRESS

~~129 Prospect Ave~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 415-331-1590

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 April 12, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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