Statement of Organization Recipient Committee		Type or print in ink			STATEMENT OF ORGANIZATION				
					in the office	Pate Stamp F of the Secretary	of S FO	california 410	
<u></u>	Initial t yet qualified	Land 1		X Termination – See Part 5 List I.D. number:		e State of Californ	3 (~ (temperature)	or Official Use Only	
-		#		60 //2012 / of Termination	Hand D Debra Bo	elivered, Sacran wen, Secretary (nento of State	Mi 8.4.800	
Da	te qualified as committee	(If applicable)		. '				CITY OF ARREST	
1. Committee Info	rmation		2	. Treasurer and	d Other P	rincipal Offic	ers		
NAME OF COMMITTEE			·····	NAME OF TREASURE	₹				
Sausalito Firefig Firefighters Asso	hters Say Yes on Meas ciation and Marin Pro	ure D, sponsored by Sausal fessional Firefighters	ito	Jason Golden STREET ADDRESS (N	O P.O. BOX)				
STREET ADDRESS (NO. 8	O. BOX)	Marie II.		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
				San Rafael, C	A 94903			(415) 336-1914	
CITY	STATE	ZIP CODE AREA COD	E/PHONE	NAME OF ASSISTANT T	REASURER, IF A	NY .			
San Rafael, CA 9	4903	(415) 33	36-1914	Robert M. Briar					
MAILING ADDRESS (IF DIE	FERENT)			STREET ADDRESS (N	O.P.O. BOX)				
Sacramento, CA 9				CITY		STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL				Santa Rosa, CA NAME OF PRINCIPAL OF		n character grap patricum annual addition (cg: Magapapan annual patrick did 2000)		(415) 459-4058	
COUNTY OF DOMICILE	COUNTY WH	ERE COMMITTEE IS ACTIVE IF DIFFER TY OF DOMICILE	RENT	Josh McHugh, Pr	P.O.BOX)	icer	- Income and the second		
Marin		The state of the s		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional informa	tion on appropriately labeled o	continuation sheets.		San Anselmo, C	A 94960			(415) 602-7873	
3. Verification I have used all reason perjury under the law.	nable diligence in prepari s of the State of California	ng this statement and to the beat that the foregoing is true and o	st of my knov	vledge the informatio	on contained h	nerein is true and	complete. I ce	ertify under penalty of	
Executed on	3-12 DATE	By		SICL AI	URL OF TREASOR	R OR ASSISTANT TREA	SURER		
Executed on	7-3-12 DATE	By	(; : - , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	SIGNA-URE OF CONTROLL	ING OFFICE SLDE	R, CANDIDATE, OR STAT	E MEASURE PROP	ONENT	
Executed on	DATE	By		SIGNATURE OF CONTROLL	ING OFFICEHOLD	er, candidate, or stat	E MEASURE PROP	ONENT	
Executed on	DATE	By		SIGNATURE OF CONTROLL	ING OFFICEHOLD	er, candidate, or stat	E MEASURE PROP	ONENT	

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Statement of Organization Recipient Committee

CALIFORNIA 410
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2 of 6 I.D. NUMBER

COMMITTEE NAME

Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters

1347160

2a.	Additional	Officers

NAME OF OTHER PRINCIPAL OFFICER(S)				NAME OF OTHER PRINCIPAL OFFICER(S)			
Tom Moran, Principal Officer							
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Windsor, CA 95492		· · · · · · · · · · · · · · · · · · ·	(415) 272-5250				
NAME OF OTHER PRINCIPAL OFFICER(S)	enter the second se			NAME OF OTHER PRINCIPAL OFFICER(S)			
Ken Martin, Principal Officer MAILING ADDRESS				MAILING ADDRESS		. 413 97	· · · · · · · · · · · · · · · · · · ·
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Rosa, CA 95409			(415) 726-1704				
NAME OF OTHER PRINCIPAL OFFICER(S)				NAME OF OTHER PRINCIPAL OFFICER(S)			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
· · · · · · · · · · · · · · · · · · ·							
NAME OF OTHER PRINCIPAL OFFICER(S)				NAME OF OTHER PRINCIPAL OFFICER(S)			
MAILING ADDRESS			·	MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM 1.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

COMMITTEE NAME

Firefighters

- 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.

Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HEI (INCLUDE DISTRICT NUMBER IF APPLIC	YEAR OF ELECTION	PAR TY		
				☐ Non-Partisan	
	·			☐ Non-Partisan	
	und de la cristiani accomitta	oo oply)			
List the financial institution where the campaign bank account is located (cont	rolled "candidate election" committee				
NAME OF FINANCIAL INSTITUTION A	AREA CODE/PHONE	BANK ACCOUNT	NUMBER		
ADDRESS	YTIC	STATE	ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
Primarily Formed Committee Primarily formed to support or oppose specific ca	ndidates 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)					
City of Sausalito Measure D	City of Sausalito			SUPPORT X	OPPOSE
				SUPPORT	OPPOSE

1347160

STATEMENT OF ORGANIZATION Statement of Organization CALIFORNIA **Recipient Committee FORM** 4 of INSTRUCTIONS ON REVERSE I.D. NUMBER COMMITTEE NAME Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional 1347160 Firefighters 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ CITY Committee ☐ COUNTY Committee ☐ STATECommittee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR Labor Organization Sausalito Firefighters Association ZIP CODE STATE CITY NO AND STREET San Rafael, CA 94903 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;

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -

· This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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· This committee has no surplus funds; and

Government Code Section 89519.

Statement of Organization Recipient Committee

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INSTRUCTIONS ON REVERSE Page 5 of 6 I.D. NUMBER COMMITTEE NAME
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters 1347160 Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR Marin Professional Firefighters Local 1775 Labor Organization CITY STATE ZIP CODE NO. AND STREET MAILING ADDRESS Fairfax CA, 94978 INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR ZIP CODE STATE CITY MAILING ADDRESS NO. AND STREET INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR ZIP CODE STATE CITY MAILING ADDRESS NO. AND STREET INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STATE ZIP CODE MAILING ADDRESS NO. AND STREET CITY INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR ZIP CODE STATE NO. AND STREET CITY MAILING ADDRESS NAME OF SPONSOR ZIP CODE STATE CITY MAILING ADDRESS NO, AND STREET

Additional Comments for Form 410

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COMMITTEE NAME	I.D. NUMBER	
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters	1347160	

Alternate committee address:

STATEMENT OF ORGANIZATION

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