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1454465

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

____/____/____

Amendment
 Date qualification threshold met

____/____/____

Termination - See Part 5
 Date of termination

____/____/____

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

Date Stamp

SEP 20 2022

CALIFORNIA FORM 410

For Official Use Only

1- Committee Information I.D. Number (if applicable)		2- Treasurer and Other Principal Officers			
NAME OF COMMITTEE Love Your Library Yes on Measure H		NAME OF TREASURER Eva Holm			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)			
COURT OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY STATE ZIP CODE AREA CODE/PHONE			
Marin Town of San Anselmo		NAME OF PRINCIPAL OFFICER(S) Doug Holm			
Attach additional information on appropriately labeled continuation sheets.		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 is true and correct.

Executed on 9/17/22 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/17/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Love Your Library Yes on Measure H	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

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." Stating "No party preference" is acceptable
- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Town of San Anselmo Measure H: Special Library Services Parcel Tax	Town of San Anselmo	✓	
		SUPPORT	OPPOSE

