

**Statement of Organization
Recipient Committee**

Type or print in ink

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RECEIVED AND FILED
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of the State of California

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

of the State of California

JAN 16 2013

DEBRA BOWEN
Secretary of State

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

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

_____/_____/_____
Date qualified as committee

Date qualified as committee
(if applicable)

1059543
12 / 1 / 12
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Kroot for Town Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 _____

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

Marilyn Ormond

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 complete.

Executed on Dec. 1, 2012 DATE

Executed on JAN. 11, 2013 DATE

Executed on _____ DATE

Executed on _____ DATE

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

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