Statement of Organization
Recipient Committee

R21

Type or print in ink

1347160

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Date Stamp

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

APR 23 2012

Hand Delivered, Sacramento
Debra Bowen, Secretary of State

For Official Use Only

MAY 02 2012

CITY OF SAUSALITO

RGR

Statement Type ☒ Initial ☐ Amendment ☐ Termination – See Part 5

Not yet qualified ☐ or

List I.D. number: #

List I.D. number: #

04/11/2012
Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

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

STREET ADDRESS (NO P.O. BOX)
267 Elvia Court

CITY | STATE | ZIP CODE | AREA CODE/PHONE
San Rafael, CA 94903 (415) 336-1914

MAILING ADDRESS (IF DIFFERENT)
555 Capitol Mall, Suite 1425
Sacramento, CA 95814

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Marin	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jason Golden

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
San Rafael, CA 94903 (415) 336-1914

NAME OF ASSISTANT TREASURER, IF ANY
Robert M. Briare

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Santa Rosa, CA 95403 (415) 459-4058

NAME OF PRINCIPAL OFFICER(S)
Josh McHugh, Principal Officer

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
San Anselmo, CA 94960 (415) 602-7873

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 4/18/12 (DATE) By X [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 4-18-12 (DATE) By X [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)