

**Statement of Organization
Recipient Committee**

21

Type or print in ink

1319152

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

06 / 05 / 09
Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

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

Date Stamp

JUL 02 2009

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Judy House for San Anselmo Town Council 2009

STREET ADDRESS (NO P.O. BOX)

20 Rancho Drive

CITY

San Anselmo

STATE

CA

ZIP CODE

94960

AREA CODE/PHONE

415.485.4454

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

housejudy@comcast.net

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

RECEIVED

NAME OF TREASURER

Larry Lococo

JUL 14 2009

STREET ADDRESS

17 Mountain View Avenue

Town of San Anselmo

CITY

San Anselmo

STATE

CA

ZIP CODE

94960

AREA CODE/PHONE

415.456.2031

NAME OF ASSISTANT TREASURER, IF ANY

Judy House

STREET ADDRESS

20 Rancho Drive

CITY

SAN Anselmo

STATE

CA

ZIP CODE

94960

AREA CODE/PHONE

415.485.4454

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

MAILING ADDRESS

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 07.01.09

DATE

Executed on 07.01.09

DATE

Executed on _____

DATE

Executed on _____

DATE

By J House

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By J House

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