

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

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)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	For Official Use Only
AUG 6 2009	
Town of San Anselmo	

**1. Committee Information**

NAME OF COMMITTEE

**JEFF KROOT FOR COUNCIL**

STREET ADDRESS (NO P.O. BOX)

**633A SAN ANSELMO AVE. S.A. 94960**

CITY STATE ZIP CODE AREA CODE/PHONE

**SAN ANSELMO, CA 94960 (415) 456-5531**

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

**456-2258 JKARCH2@SBCGLOBAL.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**

NAME OF TREASURER

**MARILYN DRMOND**

STREET ADDRESS

**139 OAK SPRINGS DR.**

CITY STATE ZIP CODE AREA CODE/PHONE

**SAN ANSELMO, CA 94960 453-5473**

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 August 4, 2009  
DATE

Executed on AUG. 4, 2009  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Marilyn M. Drmond  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By J. D. Kroot  
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