

**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: # 1320255

Termination - See Part 5n

List I.D. number: #

Date qualified as committee

08 / 28 / 09
Date qualified as committee (if applicable)

Date of Termination

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State
of the State of California
SEP 08 2009
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Freeman for Town Council 2009

STREET ADDRESS (NO P.O. BOX)
8 Meadowcroft Drive
CITY
San Anselmo
STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-453-3768
MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Vida Freeman
STREET ADDRESS (NO P.O. BOX)
8 Meadowcroft Drive
CITY
San Anselmo
STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-461-6140
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)

OPTIONAL: FAX / E-MAIL ADDRESS
415-461-7909/freemanforcouncil@ix.netcom.com
COUNTY OF DOMICILE
Marin County
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

NAME OF PRINCIPAL OFFICER(S)
Ted W. Freeman
STREET ADDRESS (NO P.O. BOX)
8 Meadowcroft Drive
CITY
San Anselmo
STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-453-3768

Attach additional information on appropriately labeled continuation sheets.

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 9/2/2009 DATE
By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 9-2-2009 DATE
By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Freeman for Town Council 2009

I.D. NUMBER

1320255

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 "non-partisan."
- 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
Ted W. Freeman	San Anselmo Town Council	2009	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	CITY	STATE	ZIP CODE
Westamerica Bank	415-721-1169	0518126388	San Anselmo	CA	94960
ADDRESS 834 Sir Francis Drake Blvd					

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE