

Statement of Organization Recipient Committee

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type Initial Amendment

Not yet qualified or

List I.D. number: # 1320403

Termination - See Part 6 in the office of the Secretary of State of California

List I.D. number: #

Date qualified as committee: 8/18/09

Date qualified as committee (if applicable):

Date of Termination:

1. Committee Information

NAME OF COMMITTEE

Kay Coleman for Town Council 2009

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MARILYN M DRUMOND

STREET ADDRESS (NO P.O. BOX)

22 Agatha

STREET ADDRESS

22 AGATHA

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 415-453-7327

CITY STATE ZIP CODE AREA CODE/PHONE

SAN ANSELMO CA 94960 415-453-7327

OPTIONAL FAX / E-MAIL ADDRESS

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

MARIN

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 August 18, 2009

By *Marilyn M. Drumond* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on August 18, 2009

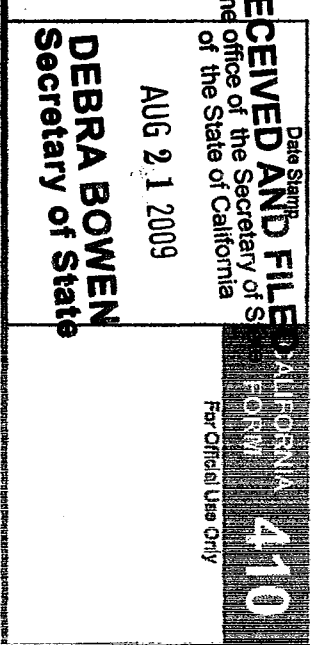
By *Debra Bowen* SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE



Page 2

COMMITTEE NAME

Kay Coleman for Town Council 2009

I.D. NUMBER

1320403

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
<u>Kay Coleman for Town Council 2009</u>	<u>Town Council, San Anselmo</u>	<u>2009</u>	<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
ADDRESS	CITY	STATE ZIP CODE

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
		SUPPORT	OPPOSE