

1322725

Statement of Organization Recipient Committee

21

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type [X] Initial Not yet qualified [X] or

[] Amendment List I.D. number: # Date qualified as committee

[] Termination - See List I.D. number: # Date of Termination

RECEIVED AND FILED Date Stamp NOV 12 2009 DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Committee to Fund Our Future. STREET ADDRESS: 301 Hidden Valley Lane, San Anselmo, CA 94960. MAILING ADDRESS: info@safuture.org. COUNTY OF DOMICILE: Marin.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Laurie Ohara-Torres. STREET ADDRESS: 301 Hidden Valley Lane, San Anselmo, CA 94960. NAME OF ASSISTANT TREASURER: Elihu Welber. STREET ADDRESS: 14 Avenue Del Norte, San Anselmo, CA 94960.

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 November 10th, 2009. Executed on. Executed on. Executed on.

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. By. By. By.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Committee to Fund Our Future

I.D. NUMBER

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
			<input 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	
Measure TBD, Parcel Tax of \$49 per parcel in San Anselmo to	San Anselmo, CA	SUPPORT	OPPOSE
provide additional funding to the San Anselmo Library		<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1322725

11 / 19 / 09
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Fund Our Future

STREET ADDRESS (NO P.O. BOX)

301 Hidden Valley Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-785-3171

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

info@safuture.org

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

Laurie Ohara-Torres

STREET ADDRESS (NO P.O. BOX)

301 Hidden Valley Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-785-3171

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Elihu Welber

STREET ADDRESS (NO P.O. BOX)

14 Avenue Del Norte

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Anselmo	CA	94960	415-454-9752

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 January 29, 2010
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Committee to Fund Our Future

1322725

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
			<input 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
Measure TBD, Parcel Tax of \$49 per parcel in San Anselmo	San Anselmo, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
to provide additional funding for the San Anselmo Library		<input type="checkbox"/>	<input type="checkbox"/>