

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: _____ # _____

Termination - See Part 5
List I.D. number: 1372627 # _____

Jan / 31 / 2015
Date of Termination

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Date Stamp

**CALIFORNIA 410
FORM**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Re-elect Herb Weiner

STREET ADDRESS (NO P.O. BOX)

CITY
Sausalito, CA 94965

STATE

ZIP CODE

AREA CODE/PHONE
415-509-5453

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sausalito

2. Treasurer and Other Principal Officers

NAME OF TREASURER

D. Michael Kelly

STREET ADDRESS (NO P.O. BOX)

CITY
Sausalito, CA 94965

STATE

ZIP CODE

AREA CODE/PHONE
415-509-5453

NAME OF ASSISTANT TREASURER, IF ANY

None

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICERS)

STREET ADDRESS (NO P.O. BOX)

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 complete.

Executed on _____ BY _____
DATE
January 31, 2015

Executed on _____ BY _____
DATE

Executed on _____ BY _____
DATE

Executed on _____ BY _____
DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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