

21
**Statement of Organization
 Recipient Committee**

Type or print in ink

1341306

STATEMENT OF ORGANIZATION

Statement Type

Initial
 Not yet qualified or

Amendment
 List I.D. number:

Termination - See Part 5
 List I.D. number:

8/31/2011
 Date qualified as committee

 Date qualified as committee
 (if applicable)

 Date of Termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 SEP 06 2011
DEBRA BOWEN
 Secretary of State

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE

S. Sargent for San Rafael City Council 2011

STREET ADDRESS (NO P.O. BOX)

601 B Street

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94901 415 300 7898

MAILING ADDRESS (IF DIFFERENT)

Samantha@samanthaycitycouncil.com

OPTIONAL: FAX / E-MAIL ADDRESS

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

Darren Sargent

STREET ADDRESS (NO P.O. BOX)

601 B Street

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94901 415 300 7898

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 8/31/2011
DATE

Executed on 8/31/2011
DATE

Executed on _____
DATE

Executed on _____
DATE

By D. Sargent
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Samantha Sargent
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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

S. Sargent for San Rafael City Council 2011

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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
<i>Samantha Sargent</i>	<i>San Rafael City Council</i>	<i>2011</i>	<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)

Bank of Marin

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
<i>1101 Fourth St.</i>	<i>800 654 5111</i>	<i>02</i>	<i>339 224</i>
ADDRESS	CITY	STATE	ZIP CODE
	<i>San Rafael</i>	<i>CA</i>	<i>94901</i>

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