

Received

AUG 13 2013

Time:
City Clerk's Office
City of San Rafael

CALIFORNIA FORM 410	
Page 2	
I.D. NUMBER	

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
RANDY WARREN FOR CITY COUNCIL 2013

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION CITIBANK	AREA CODE/PHONE (415)488-2006	BANK ACCOUNT NUMBER 205340060
ADDRESS 1004 NORTHGATE DRIVE	CITY SAN RAFAEL	STATE ZIP CODE CA 94903

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 "nonpartisan."
- 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
RANDY WARREN	CITY COUNCIL, CITY OF SAN RAFAEL	2013	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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	
		SUPPDRT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
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

08 / 06 / 2013

Date qualified as committee

1. Committee Information

NAME OF COMMITTEE

RANDY WARREN FOR CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)

63 EL PAVO REAL CIRCLE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN RAFAEL

CA 94903

(415)479-5300

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

INFO@RANDYWARRENFORCITYCOUNCIL.COM

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

SAN RAFAEL, MARIN, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

RANDY WARREN

STREET ADDRESS (NO P.O. BOX)

63 EL PAVO REAL CIRCLE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN RAFAEL

CA 94903

(415)479-4200

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

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 08/12/2013

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/12/2013

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 08/12/2013

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT