

Statement of Organization
Recipient Committee

1397266

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CALIFORNIA FORM 410
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JUN 26 2017

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 _____/_____/_____ # _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

1. Committee Information

NAME OF COMMITTEE
Citizens for a Sustainable Economy Political Action Committee, Sponsored by
Novato Chamber of Commerce
STREET ADDRESS (NO P.O. BOX) _____
 CITY STATE ZIP CODE AREA CODE/PHONE
 Novato CA 94949
 MAILING ADDRESS (IF DIFFERENT) _____
 FAX / E-MAIL ADDRESS _____
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Marin Novato

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Coy Smith
STREET ADDRESS (NO P.O. BOX) _____
 CITY STATE ZIP CODE AREA CODE/PHONE
 Novato CA 94949
 NAME OF ASSISTANT TREASURER, IF ANY
 Nancy L. Warren
STREET ADDRESS (NO P.O. BOX) _____
 CITY STATE ZIP CODE AREA CODE/PHONE
 Novato CA 94949-5731
 NAME OF PRINCIPAL OFFICER(S)
 Timothy Howard
STREET ADDRESS (NO P.O. BOX) _____
 CITY STATE ZIP CODE AREA CODE/PHONE
 Novato CA 94949

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 6-21-17 By Coy Smith SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 6/21/17 By Timothy Howard SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 6/23/17 By Nancy L. Warren SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Citizens for a Sustainable Economy Political Action Committee, Sponsored by Novato Chamber of Commerce	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of San Francisco	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY San Francisco	STATE CA	ZIP CODE 94105

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
			<input 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	
		SUPPORT	OPPOSE

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CALIFORNIA
FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Citizens for a Sustainable Economy Political Action Committee, Sponsored by Novato Chamber of Commerce

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I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To educate and influence Novato voters about issues that affect a sustainable economy

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Novato Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

807 DeLong Avenue

Novato

CA

94945

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.