

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 1/01/2024
through 9/21/2024

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Date Stamp
City of Novato
SEP 26 2024
City Clerk Department

CALIFORNIA FORM **450**
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For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1475145

COMMITTEE NAME

NOVATO CITIZENS AGAINST MEASURE M

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NOVATO	CA	94949	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

530 ALAMEDA DEL PRADO, STE C PMB #249, NOVATO, CA 94949

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NOVATO	CA	94949	4158839476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
ANN THOMAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CORTE MADERA	CA	94925	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I. Verification

I have used all reasonable diligence in preparing and reviewing 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 09/21/2024
DATE

By Ann Thomas
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from 1/01/2024 through 9/21/2024	CALIFORNIA FORM 450
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NAME OF COMMITTEE

NOVATO CITIZENS AGAINST MEASURE M

I.D. NUMBER

1475145

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 0
2. Expenditures under \$100 made this period (Not itemized.)	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	0
4. Nonmonetary Adjustment	0
5. Total expenditures made from previous statement	0
6. TOTAL EXPENDITURES MADE TO DATE	0

Contributions Received

7. Monetary contributions received this period	\$ 0
8. Non-monetary contributions received this period	0
9. Total contributions received from previous statement	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	0

Current Cash Statement

11. Beginning cash balance	\$ 0
12. Cash receipts this period	0
13. Miscellaneous increases to cash	0
14. Cash expenditures this period	0
15. ENDING CASH BALANCE THIS PERIOD	0