Statement of Organization Recipient Committee

CALIFORNIA FORM 410

R 21 L 1475145

Statement Type

- ☐ Initial
  - ⊘ Not yet qualified
    - or
  - ○ Date qualification threshold met

  ___/___/___

- ☐ Amendment
  - Date qualification threshold met

  ___/___/___

- ☐ Termination – See Part 5
  - Date of termination

  ___/___/___

Date Stamp

RECEIVED AND FILED in the office of the Secretary of State of the State of California

SEP 1 7 2024

For Official Use Only

R/JM

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
NOVATO CITIZENS AGAINST MEASURE M

STREET ADDRESS (NO P.O. BOX)
█████████████

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

FULL MAILING ADDRESS (IF DIFFERENT)
█ ████████████████ NOVATO, CA 94949

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
███████████████████

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN	NOVATO, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ANN THOMAS

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
███████████████	CORTE MADERA	CA	94925

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
███████████████████	██████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
BERNARD MEYERS

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████████████████	NOVATO	CA	94949

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	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 __9/15/2024__ By _Ann Thomas_
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __9/15/2024__ By _Bernard Meyers_
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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	I.D. NUMBER
NOVATO CITIZENS AGAINST MEASURE M	

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE

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." Stating "No party preference" is acceptable.

- 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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
MEASURE M	NOVATO, CA		✔
		SUPPORT	OPPOSE

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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