

Statement of Organization
Recipient Committee

21

Statement Type

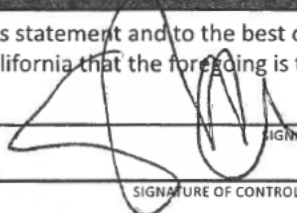
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date of termination
_____ / _____ / _____	09 / 19 / 2024	_____ / _____ / _____

Date Stamp	CALIFORNIA FORM 410
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1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE		1474791		NAME OF TREASURER				
Save Our Services - Yes on M				Cristina MacKenzie				
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
██████████ ██████████ ██████████ ██████████				██████████ ██████████ ██████████		Novato	CA	94947
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)				
Sacramento	CA	95815	██████████	██████████ ██████████ ██████████				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
██████████ ██████████ ██████████ ██████████ Novato, CA 94945				Shawnda Deane				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
██████████ ██████████ ██████████ / ██████████				██████████ ██████████ ██████████ ██████████		Sacramento	CA	95815
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
Sacramento County		City of Novato		██████████ ██████████ ██████████				
				NAME OF PRINCIPAL OFFICER(S)				
				Cristina MacKenzie				
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				██████████ ██████████ ██████████		Novato	CA	94947
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
				██████████ ██████████ ██████████				

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	09/30/2024	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Save Our Services - Yes on M	I.D. NUMBER 1474791
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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 First Foundation Bank; Shawnda Deane, Matthew Deane	AREA CODE/PHONE (916) 283-8042	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 1601 Response Road, Suite 190	CITY Sacramento	STATE CA	ZIP CODE 95815
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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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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
Sales Tax Measure : M	City of Novato	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>