Statement of C Recipient Con	The state of the s			RECEIVED	CALIFORNIA 410
Statement Type	☑ Initial ② Not yet qualified	☐ Amendment	☐ Termination – See Part 5	DEC 1 4 2023	For Official Use Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination	City of Belvedere	* · · · · · · · · · · · · · · · · · · ·
1. Committee l	I.D. Numbe		2. Treasurer and O	ther Principal Officers	Parados de Madados dos Auto
NAME OF COMMITTEE	Measure Renewal Committe		NAME OF TREASURER Bob MacCaskill		
belvedere File	wieasure Renewar Committe		STREET ADDRESS (NO P.O. BOX)	спу Belvedere	STATE ZIP CODE CA 94920
STREET ADDRESS (NO P.O	D. BOX)		NAME OF ASSISTANT TREASURER		AREA CODE/PHONE
CITY Belvedere FULL MAILING ADDRESS	STATE CA	ZIP CODE AREA CODE/PHONE 94920	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE
	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CO DE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE (COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S Jena Watson		
Marin	n/a		STREET ADDRESS (NO P.O. BOX)	city Belvedere	STATE ZIP CODE CA 94920
Attach additional	information on appropriately labo	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					
penalty of perjury	sonable diligence in preparing the under the laws of the State of Cally			n contained herein is true and	complete. I certify under
Executed on	DATE By		NTURE OF TREASURER OR ASSISTANT TREASURER		
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	SURE PROPONENT	
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	CONTROL CONTROL OF MARKET

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	rage c
Belvedere Fire Measure Renewal Committee	I.D. NUMBER
 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. 	bank records.
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO ORTAIN BANK RECORDS	
AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION 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
	Nonpartisan	Nonpartisan	PARTY CHECK ONE
	Partisan	Partisan	TY
	(list political party below)	(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)

Measure C - City of Belvedere City of Belvedere SUPPORT SUPPORT CHECK ONE OPPOSE OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMUTEEL MAAGE	Page 3
CONVINITE NAME	I.D. NUMBER
4. Type of Committee (common)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR	
STREET ADDRESS NO. AND STREET ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	

This committee has ceased to receive contributions and make expenditures;

Date qualified

5. Tesaminaridon Regiunaments

issistant reasure) and/or candidate, officatioides, or ponent cardiy that all of the following conditions have been met

- 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. l

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