

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1383895

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5

List I.D. number:

# 1383895

08/15/2016  
Date of Termination

Date Stamp

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

SEP 01 2016

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Committee to Support San Rafael Libraries - Yes on Measure D

STREET ADDRESS (NO P.O. BOX)

1000 4th Street, Ste. 600

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94901 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E MAIL ADDRESS

[REDACTED]

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Rafael

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Dirck W. Brinckerhoff

STREET ADDRESS (NO P.O. BOX)

[REDACTED] Redwood Hwy., Suite 200

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94903 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Jeffrey Schoppert

STREET ADDRESS (NO P.O. BOX)

[REDACTED] 4th Street, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94901 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)

Jeffrey Schoppert

STREET ADDRESS (NO P.O. BOX)

[REDACTED] 4th Street, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE

San Rafael CA 94901 [REDACTED]

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 August 25, 2016 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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Statement of Organization  
Recipient Committee  
Termination 8-15-2016

California Form 410

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Committee to Support San Rafael Libraries – Yes on Measure D

ID Number: 1383895

Continuation sheet:

2. Treasurer and Other Principal Officers

Additional Principal Officer:

Glena Coleman

[REDACTED]  
San Rafael, CA 94901

[REDACTED]

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

**Committee to Support San Rafael Libraries - Yes on Measure D**

I.D. NUMBER

**1383895**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Bank of Marin</b>	AREA CODE/PHONE <b>(415)485-2265</b>	BANK ACCOUNT NUMBER <b>02 345205</b>
ADDRESS <b>1101 4th Street</b>	CITY <b>San Rafael</b>	STATE ZIP CODE <b>CA 94901</b>

**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
<b>San Rafael Special Library Services Parcel Tax Measure</b>	<b>City of San Rafael</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>