Statement of Organization Recipient Committee

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Type or print in ink

1332919

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Date Stamp

RECEIVED AND FILED
Part 5
office of the Secretary of State
of the State of California

DEC 07 2011

DEBRA BOWEN
Secretary of State

Statement Type

☐ **Initial**
Not yet qualified ☐ or
10/02/2010
Date qualified as committee

☐ **Amendment**
List I.D. number:
#
Date qualified as committee (If applicable)

☒ **Termination – See Part 5**
List I.D. number:
1332919
12/06/2011
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Common Sense Voters, SF 2010; Vote for Mark Farrell for District 2 Supervisor

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodside, CA 94062			(650) 868-1614

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

commonsensevoters@gmail.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
San Mateo	San Francisco

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ms. Stacy Owens

STREET ADDRESS

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland, CA 94618			(510) 652-1000

NAME OF ASSISTANT TREASURER, IF ANY

Mr. Henry C. Levy

STREET ADDRESS

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland, CA 94618			(510) 652-1000

NAME OF PRINCIPAL OFFICER(S)

Mr. Jack Helfand

MAILING ADDRESS

4[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodside, CA 94062			(650) 868-1614

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 12/06/2011 (DATE) By [signature] 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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **410**

COMMITTEE NAME
Common Sense Voters, SF 2010; Vote for Mark Farrell for District 2 Supervisor

I.D. NUMBER
1332919

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 "non-partisan."
- 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
			☐ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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	CHECK ONE: OPPOSE
Mr. Mark Farrell	County Supervisor City & County of San Francisco Dist. No: 2	X	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Common Sense Voters, SF 2010; Vote for Mark Farrell for District 2 Supervisor

I.D. NUMBER
1332919

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee ☐ ____/____/____ Date qualified
Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- 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.

  -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.