

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

R 07
G

Date qualified as committee

Type or print in ink.

Amendment

List I.D. number:

741985

#

3/1/1974

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

741985

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

DEC 09 2011

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION

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410

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RK

1. Committee Information

NAME OF COMMITTEE

NAPA COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)

CITY

Concord

STATE ZIP CODE

CA 94518

AREA CODE / PHONE

(510) 305-7377

MAILING ADDRESS (IF DIFFERENT)

Napa. CA 94559

OPTIONAL: FAX / E-MAIL ADDRESS

gsanborn@att.net

COUNTY OF DOMICILE

Napa

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gregory E. Sanborn

STREET ADDRESS

CITY

Concord

STATE ZIP CODE

CA 94518

AREA CODE / PHONE

(510) 305-7377

NAME OF ASSISTANT TREASURER, IF ANY

Paul Schapiro

STREET ADDRESS

CITY

Napa

STATE ZIP CODE

CA 94559

AREA CODE / PHONE

(707) 287-6640

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE ZIP CODE

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 12/7/2011

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

Gregory E. Sanborn

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

NAPA COUNTY DEMOCRATIC CENTRAL COMMITTEE

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/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign back 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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

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FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

NAPA COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER

741985

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

As contained within the California Election Code, provide services to the Members of the Democratic Party within Napa County.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

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.