

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:
1305575

7, 31, 2008
Date of Termination

Date Stamp FILED JUL 31 2008 SUSAN M. RANOGAJAK MENDOCINO COUNTY CLERK By: <u>[Signature]</u> Deputy	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Green Party of Mendocino
Working Group for No on B

STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) (X)

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

PO Box 933 Talmage CA 95481

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Mendocino

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Richard Johnson

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

July 31, 2008
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

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Green Party of Mendocino Working Group for

I.D. NUMBER

1309975

4. Type of Committee Complete the applicable sections.

No on Measure B

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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> 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	
<i>Measure B the Rape of M</i>	<i>Mendocino County</i>	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
<i>Measure C et al</i>		SUPPORT	OPPOSE

.. do we exceed the maximum \$20k limit?

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Green Party of Mendocino Working Group for No on B

Page 3

I.D. NUMBER

1309575

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.

Sponsored Committee

A "sponsored committee" is a general purpose or primarily formed committee, other than an officeholder or candidate controlled committee, that has one or more sponsors.

An organization, business, or other entity is a sponsor if one or more of the following apply:

- The committee receives 80% or more of its contributions from the entity or organization or its members, officers, employees, or shareholders.
- The entity or organization collects contributions for the committee by use of payroll deductions or dues from its members, officers or employees.
- The entity or organization, alone or in combination with other entities or organizations, provides all or nearly all of the administrative services for the committee.
- The entity or organization, alone or in combination with other entities or organizations, sets the policies for contribution solicitations or payment of expenditures from committee funds.

See the instructions for Part 1 for name identification requirements.

Small Contributor Committee

A "small contributor committee" is one that:

- Has been in existence for more than six months;
- Receives contributions from 100 or more persons;
- Makes contributions to five or more candidates; and
- Has not received more than \$200 from one person in a calendar year.

See FPPC Regulation 18503.

5. Termination Requirements

Recipient committees do not automatically terminate; they may only terminate under the following circumstances:

- They have ceased to receive contributions and make expenditures; and
- They do not anticipate receiving contributions, repayments of outstanding loans made to others, or any other receipts in the future, and they do not anticipate making expenditures in the future; and
- They have eliminated or have no intention or ability to discharge all their debts, loans received, and other obligations; and
- They have no campaign funds; and
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

State Candidates: There are specific mandatory termination deadlines applicable to your controlled committees. See FPPC Campaign Disclosure Manual 1 for state candidates.

How to Terminate

State Recipient Committees

- File an original and one copy of the Form 410 Statement of Organization Termination along with an original and one copy of your Form 450 or 460 with the Secretary of State.
- File two copies of your Form 450 or 460 with your local filing officials.

Local Recipient Committees

- File an original and one copy of the Form 410 Statement of Organization Termination with the Secretary of State; and
- File a copy of the Form 410 Statement of Organization Termination, along with an original and one copy of your Form 450 or 460 with your filing officer.