

**Statement of Organization
Recipient Committee**

23

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

12/28/07
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

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

1303248
02/28/2008
Date of Termination

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

MAR 25 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

RECEIVED

APR 16 2008

SUSAN M. RANCOCHAK
COUNTY CLERK-RECORDER

1. Committee Information

NAME OF COMMITTEE

SENSIBLE MEDICAL MARIJUANA
STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE

MEADOCINO

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JIM RICKEL

STREET ADDRESS

CI

CA

ST

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

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 28 MAR 08
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

SENSIBLE MEDICAL MARIJUANA

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I.D. NUMBER

1303248

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 PROONENT	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
SAVING'S BANK OF MENDO. CO.	707-467-6613	1631673
ADDRESS	CITY	STATE ZIP CODE
Po Box 3600	UKIAH	CA 95482

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	
SENSIBLE MEDICAL MARIJUANA	MENDOCINO COUNTY	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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COMMITTEE NAME

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I.D. NUMBER

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.