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**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 OR
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 4
 Date of termination

Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
JUN 21 2019

CALIFORNIA
4:40
 For Official Use Only
JUL 08 2019
CITY OF NOVATO

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
 Kevin Morrison for Novato City Council 2019

STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE
 Novato CA 94945

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 kevin@morrison.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Marin City of Novato

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Andre Charles

STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
 Kevin Morrison

STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Novato CA 94945

STREET ADDRESS (NO P.O. BOX)
 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 06-06-2019 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 0-19-2019 BY [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Kevin Morrison for Novato City Council 2019

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

NAME OF FINANCIAL INSTITUTION Redwood Credit Union	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY Novato	STATE CA
	ZIP CODE 94945	

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." Stating "No party preference" is acceptable.
- 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		
			Nonpartisan	Partisan	(list political party below)
Kevin Morrison	Novato City Council - District 3	2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>