Statement of Organization
Recipient Committee
CALIFORNIA
FORM 410
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE
For Official Use Only
1. Committee Information
I.D. Number
(NAME OF COMMITTEE)
FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE’S TOP FUNDER
HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES
STREET ADDRESS (NO P.O. BOX)
SAN RAFAEL CA 94901
FULL MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

2. Treasurer and Other Principal Officers
NAME OF TREASURER
HILARY J GIBSON
STREET ADDRESS (NO P.O. BOX)
SAN RAFAEL CA 94901
EMAIL ADDRESS OF TREASURER (REQUIRED)

NAME OF ASSISTANT TREASURER, IF ANY
SEAN P WELCH
STREET ADDRESS (NO P.O. BOX)
SAN RAFAEL CA 94901
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

NAME OF PRINCIPAL OFFICER(S)
REIDE BAXTER
STREET ADDRESS (NO P.O. BOX)
SAN RAFAEL CA 94901
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge t

12/14/2023
DATE
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
12/14/2023
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
12/14/2023
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
12/14/2023
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

netfile.com
## 2. Additional Officers (continued)

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREA SCHULTZ</td>
<td>Principal Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SAN RAFAEL</td>
<td>CA</td>
<td>94901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>
### Statement of Organization

**Recipient Committee**

**CALIFORNIA**

**FORM 410**

**NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT**

- 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.

### 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
</tbody>
</table>

#### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>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.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDNANCE 1067: MEASURE D</td>
<td>CITY OF LARKSPUR</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**FPPC Form 410 (October/2023)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

**www.fppc.ca.gov**
5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.

— Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE'S TOP FUNDER HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

NAME OF SPONSOR
HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
REAL ESTATE/PROPERTY MANAGEMENT

STREET ADDRESS
SAN RAFAEL

NO. AND STREET
CA 94901

CITY
STATE ZIP CODE AREA CODE/PHONE

Sponsored Committee

List additional sponsors on an attachment.

FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE'S TOP FUNDER HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE'S TOP FUNDER HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

NAME OF SPONSOR
HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
REAL ESTATE/PROPERTY MANAGEMENT

STREET ADDRESS
SAN RAFAEL

NO. AND STREET
CA 94901

CITY
STATE ZIP CODE AREA CODE/PHONE

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.

FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE'S TOP FUNDER HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

NAME OF SPONSOR
HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
REAL ESTATE/PROPERTY MANAGEMENT

STREET ADDRESS
SAN RAFAEL

NO. AND STREET
CA 94901

CITY
STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

☐ Date qualified

FAIR HOUSING FOR LARKSPUR, NO ON MEASURE D; AD COMMITTEE'S TOP FUNDER HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

NAME OF SPONSOR
HUMMINGBIRD HILL, L.P. AND AFFILIATED ENTITIES

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
REAL ESTATE/PROPERTY MANAGEMENT

STREET ADDRESS
SAN RAFAEL

NO. AND STREET
CA 94901

CITY
STATE ZIP CODE AREA CODE/PHONE

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.