

**ATTACHMENT TO FORM 496
PURSUANT TO MARIN COUNTY ORDINANCE NO. 3519**

I/we the undersigned find the following to be true and complete:

- 1) The expenditures reported on the Form 496 were not coordinated with or made at the behest of the affected candidate(s), or with primarily formed ballot measure committees;**
- 2) A copy of the mailing, script or other type of advertisement is included with this filing. Alternatively, if a copy of the advertisement is not yet available at the time of reporting, it will be provided as soon as possible, and in any event, prior to the mailing or other public distribution of the advertisement;**
- 3) All required information concerning the independent expenditure(s) have been provided on the attached Form 496, and that all requirements of the County of Marin Ordinance No. 3519 have been executed in the time and manner prescribed.**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Filer/Treasurer:

(Print Name)

(Signature)

Principal Officer(s):

(Print Name)

(Signature)

(Print Name)

(Signature)