Statement of Organization
Recipient Committee

Type or print in ink 1346732

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FIL
in the office of the Secretary of State
of the State of California
APR 04 2012
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
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APR 18 2012
CITY OF SAUSALITO

Statement Type

☒ Initial — Not yet qualified ☐ or
3 / 23 / 12 — Date qualified as committee

☐ Amendment — List I.D. number: # _____
_____ / _____ / _____ — Date qualified as committee (If applicable)

☐ Termination – See Part 5 — List I.D. number: # _____
_____ / _____ / _____ — Date of Termination

1. Committee Information

NAME OF COMMITTEE
Sausalito Community for Measure D - 2012

STREET ADDRESS (NO P.O. BOX)
1001 Bridgeway #540

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	415-331-5071

MAILING ADDRESS (IF DIFFERENT)
N/A

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Marin	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Vicki Nichols

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	415-331-5071

NAME OF ASSISTANT TREASURER, IF ANY
Ray Withy

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	415-332-3917

NAME OF PRINCIPAL OFFICER(S)
Vicki Nichols

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	415-331-5071

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 April 3, 2012 (DATE) By _____ (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) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)