Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Date Stamp: RECEIVED SEP 05 2012 CITY OF SAUSALITO

CALIFORNIA FORM 410

For Official Use Only

Statement Type

☒ Initial — Not yet qualified ☐ or

☐ Amendment — List I.D. number: #

☐ Termination – See Part 5 — List I.D. number: #

09/05/2012 — Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

TOM THEODORES FOR CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

7 READE LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-407-9778

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

INFO @ TOMTHEODORES.COM

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: PATRICIA SMITH

STREET ADDRESS (NO P.O. BOX): 7 READE LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	650-722-0118

NAME OF ASSISTANT TREASURER, IF ANY: THOMAS THEODORES

STREET ADDRESS (NO P.O. BOX): 7 READE LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-407-9778

NAME OF PRINCIPAL OFFICER(S): THOMAS THEODORES

STREET ADDRESS (NO P.O. BOX): 7 READE LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-407-9778

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 Sept. 5 2012 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on Sept 5, 2012 (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)

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
THOMAS THEODORES	SAN SALITO CITY COUNCIL	2012	☒ Non-Partisan
			☐ 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
WELLS FARGO BANK	415- 332- 3355	1560048926

ADDRESS	CITY	STATE	ZIP CODE
715 BRIDGEWAY	SAN SALITO	CA	94965

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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE