

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial
Not yet qualified ☐ or

☐ Amendment
List I.D. number:

Date qualified as committee
(If applicable)

☐ Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp RECEIVED SEP 05 2012 CITY OF SAUSALITO	CALIFORNIA FORM 410 For Official Use Only
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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

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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

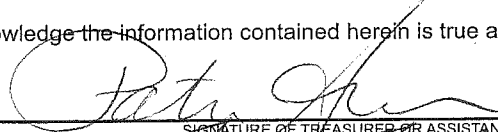
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

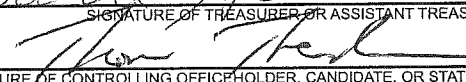
Executed on Sept 5 2012
DATE

Executed on Sept 5 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

Page 2

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 Theodore	SAUSALITO 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	SAUSALITO	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