

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:

# \_\_\_\_\_  
\_\_\_\_\_  
Date qualified as committee  
(If applicable)

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

# 1351439  
01/28/2013  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>Official Use Only in the office of the Secretary of State of the State of California</small>
<p>RECEIVED</p> <p>JAN 28 2013</p> <p>CITY OF SAUSALITO</p>	
	<p>JAN 31 2013</p> <p><b>DEBRA BOWEN</b> Secretary of State</p>

**1. Committee Information**

NAME OF COMMITTEE

Tom Theodoras For City Council 2012

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

SAUSALITO CA 94965 415-467-1111

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

info @ TOMTHEODRAS.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

PATYCA SMITH

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

SAUSALITO CA 94965 650-722-0110

NAME OF ASSISTANT TREASURER, IF ANY

THOMAS THEODRAS

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

SAUSALITO CA 94965 415-467-1111

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

THOMAS THEODRAS

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

SAUSALITO CA 94965 415-467-9978

**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 January 28, 2013  
DATE

Executed on January 28, 2013  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
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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STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

TOM THEODORES FOR CITY COUNCIL 2012

I.D. NUMBER

1351439

**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	SANSAKITO CITY COUNCIL	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> 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	<del>XXXXXXXXXXXX</del>	
ADDRESS	CITY	STATE	ZIP CODE
715 BROADWAY	SANSAKITO	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
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>