

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination _____

Date Stamp: *Rec'd 10-10-14*

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE: YES on C SAUSALITO 2014
 STREET ADDRESS (NO P.O. BOX): 1001 BRIDGEWAY, #970 915-272-7811
 CITY: SAUSALITO STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: _____
 MAILING ADDRESS (IF DIFFERENT): AS ABOVE
 FAX / E-MAIL ADDRESS: info@yesonCSAUSALITO.COM
 COUNTY OF DOMICILE: MARIN COUNTY JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF SAUSALITO

NAME OF TREASURER: CHRISTENE SCARPINO
 STREET ADDRESS (NO P.O. BOX): ~~XXXXXXXXXXXXXXXXXXXX~~
 CITY: SAUSALITO STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: 915-272-78
 NAME OF ASSISTANT TREASURER, IF ANY: _____
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 NAME OF PRINCIPAL OFFICERS: JANE BURNS
 STREET ADDRESS (NO P.O. BOX): ~~XXXXXXXXXXXXXXXXXXXX~~
 CITY: SAUSALITO STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: 415-450-7855

Attach additional information on appropriately labeled continuation sheets.

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 9/22/14 By ~~XXXXXXXXXXXXXXXXXXXX~~ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9/22/14 By ~~XXXXXXXXXXXXXXXXXXXX~~ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

COMMITTEE NAME
YES ON O SAUSALITO 2014

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE 415-259-8710	BANK ACCOUNT NUMBER 10307734
ADDRESS 2656 BRIDGEWAY, STE D	CITY SAUSALITO CA	ZIP CODE 94965

Type of Committee: Complete the applicable sections.

- 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 "nonpartisan."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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	
MEASURE O	CITY OF SAUSALITO, CA	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
LD. NUMBER

COMMITTEE NAME
YES ON O SANSALITO 2014

Type of Committee (Continued)

General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Special Purpose Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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Small Political Committee

Date qualified

Termination Requirements

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.