

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number:

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

_____ / _____ / _____
Date qualified as committee (if applicable)

1371185
Date of Termination
01 / 31 / 2015

CALIFORNIA 410 FORM
For Official Use Only

Date Stamp
FILED
in the office of the Secretary of State
of the State of California
FEB 04 2015

1. Committee Information

NAME OF COMMITTEE

Jonathan Leone for City Council 2014

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415)887-4240

MAILING ADDRESS (IF DIFFERENT)

N/A

FAX / E-MAIL ADDRESS

jonathan@jonathanleone.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Vicki Nichols

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415)331-5071

NAME OF ASSISTANT TREASURER, IF ANY

Jonathan Leone

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415)887-4240

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 01/31/2015 BY ~~XXXXXXXXXX~~ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT