

**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: # 1372590

Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Termination 12 / 31 / 2014

Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**DEC 10 2014**

**CALIFORNIA 410**  
FORM  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE: Yes on O Sausalito 2014

STREET ADDRESS (NO P.O. BOX): [Signature]

CITY: Sausalito STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: (415)272-7811

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

FAX / E-MAIL ADDRESS: info@yesonosausalito.com

COUNTY OF DOMICILE: Marin JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Sausalito

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: Christene Scarpino

STREET ADDRESS (NO P.O. BOX): [Signature]

CITY: Sausalito STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: (415)272-7811

NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S): Joe Burns

STREET ADDRESS (NO P.O. BOX): [Signature]

CITY: Sausalito STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: (415)450-8855

**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 12/08/2014 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/08/2014 BY [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Termination - See Part 5  
List I.D. number:  
# 1372590

12 / 31 / 2014  
Date of Termination

Date qualified as committee  
(if applicable)

**1. Committee Information**  
NAME OF COMMITTEE

Yes on O Sausalito 2014

STREET ADDRESS (NO P.O. BOX)  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE (415)272-7811

MAILING ADDRESS (IF DIFFERENT)  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE (415)272-7811

FAX / E-MAIL ADDRESS

info@yesonosausalito.com

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Sausalito

**2. Treasurer and Other Principal Officers**  
NAME OF TREASURER

Christene Scarpino

STREET ADDRESS (NO P.O. BOX)  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE (415)272-7811

NAME OF ASSISTANT TREASURER, IF ANY  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE (415)272-7811

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

Joe Burns

STREET ADDRESS (NO P.O. BOX)  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE (415)450-8855

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 12/08/2014 DATE

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SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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**CALIFORNIA 410 FORM**  
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Date Stamp

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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 <b>Bank of Marin</b>	AREA CODE/PHONE <b>(415)289-8710</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>
ADDRESS <b>2656 Bridgeway, Ste D</b>	CITY <b>Sausalito</b>	STATE <b>CA</b>
		ZIP CODE <b>94965</b>

**4. Type of Committee** Complete the applicable section.

**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 "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 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
<b>Measure O</b>	<b>City of Sausalito, CA</b>	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

ID. NUMBER

1372590

COMMITTEE NAME

Yes on O Sausalito 2014

Type of Committee (Required)

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

Sponsored Committee

List additional sponsors on an attachment.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

NAME OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

- By signing this verification, the treasurer, assistant treasurer, and other officers, directors, and other persons in a position to control the financial affairs of the committee, certify that all of the following conditions have been met:
  - 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.