

1387897

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment  
List I.D. number: # \_\_\_\_\_

Termination - See FPPC  
List I.D. number: # \_\_\_\_\_

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

AUG 01 2016

CALIFORNIA FORM 410

RECEIVED

AUG 19 2016

1. Committee Information

NAME OF COMMITTEE

Joan Cox for Sausalito Council 2016

STREET ADDRESS, NO. PO. BOX

846 Olima St.

CITY STATE ZIP CODE AREA CODE/PHONE  
Sausalito CA 94965 415-754-5100

MAILING ADDRESS, IF DIFFERENT

P.O. Box 144, Sausalito, CA 94966

FAX/ E-MAIL ADDRESS

415-332-3880 joancoxfor.sausalito@gmail.com

COUNTY OF DOMICILE

Marin

SECTION WHERE COMMITTEE IS ACTIVE

Marin

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Anne Teller

STREET ADDRESS, NO. PO. BOX

18 Kendell Court

CITY

Sausalito CA 94965 415-350-0944

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS, NO. PO. BOX

CITY

NAME OF PRINCIPAL OFFICER(S)

Deirdre Joan Cox

STREET ADDRESS, NO. PO. BOX

846 Olima St.

CITY

Sausalito CA 94965 415-754-5100

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 information is correct.

Executed on

7/11/16

By

[Redacted Signature]

TREASURER OR ASSISTANT TREASURER

Executed on

7/11/16

By

[Redacted Signature]

HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER-HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER-HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

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JUL 25 2016  
City of Sausalito

1587897

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

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

NAME OF FINANCIAL INSTITUTION <i>Bank of Marin</i>	AREA CODE/PHONE <i>415-289-8710</i>	BANK ACCOUNT NUMBER <i>[REDACTED]</i>
ADDRESS <i>2056 Bridgeway, Suite D</i>	CITY <i>Sausalito</i>	STATE <i>CA</i>
		ZIP CODE <i>94965</i>

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 "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
<i>Joan Cox</i>	<i>Sausalito City Council</i>	<i>2016</i>	<input checked="" 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	OPPOSE
<i>Joan Cox for Sausalito Council 2016</i>	<i>Sausalito City Council</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>