

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

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

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

_____/_____/_____
Date of Termination

8, 17, 2016
Date qualified as committee

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
AUG 17 2016	
City of Sausalito	

I. Committee Information **Responsible and Other Principal Officers**

NAME OF COMMITTEE
Ray Withy for Sausalito City Council - 2016

STREET ADDRESS (NO P.O. BOX)
3001 Bridgeway, Ste K, #385

CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 415-300-5791

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
RAY@RAYWITHY.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Marin

NAME OF TREASURER
CHRISTENE SCARPINO

STREET ADDRESS (NO P.O. BOX)
300 Napa Street #28

CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 415-272-7871

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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.

Validation

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 true and correct.

Executed on 8/17/16 By [Redacted] ASSISTANT TREASURER

Executed on 8/17/16 By [Redacted] 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

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INSTRUCTIONS ON REVERSE


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COMMITTEE NAME

Ray Withy for Sausalito City Council - 2016

I.D. NUMBER

- 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 8706</i>	BANK ACCOUNT NUMBER 
ADDRESS <i>2656 Bridgeway</i>	CITY <i>Sausalito</i>	STATE ZIP CODE <i>CA 94965</i>



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>Ray Withy</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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>