

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:
1387897

_____/_____/_____
Date qualified as committee

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

12 / 31 / 2016
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED	
JAN 30 2017	For Official Use Only
City of Sausalito	

1. Committee Information

NAME OF COMMITTEE

Joan Cox for Sausalito Council 2016

STREET ADDRESS (NO P.O. BOX)

846 Olima Street

CITY

Sausalito

STATE

CA 94965

ZIP CODE

AREA CODE/PHONE

(415)754-5100

MAILING ADDRESS (IF DIFFERENT)

P O Box 144, Sausalito CA 94966

FAX / E-MAIL ADDRESS

(415)332-3880

joancoxforsausalito@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Marin

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Anne Teller

STREET ADDRESS (NO P.O. BOX)

18 Kendell Court

CITY

Sausalito

STATE

CA

ZIP CODE

94965

AREA CODE/PHONE

(415)350-0944

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Deirdre Joan Cox

STREET ADDRESS (NO P.O. BOX)

846 Olima Street

CITY

Sausalito

STATE

CA

ZIP CODE

94965

AREA CODE/PHONE

(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 foregoing is true and correct.

Executed on 12/31/16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12/31/16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Joan Cox for Sausalito Council 2016	I.D. NUMBER 1387897
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- 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)289-8710	BANK ACCOUNT NUMBER 10309607
ADDRESS 2656 Bridgeway, Suite D	CITY Sausalito	STATE ZIP CODE CA 94965

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