

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or

Date qualified as committee
(if amending to provide this date)

Amendment

Termination - See Part 5

_____/_____/_____
Date of termination

RECEIVED

JUL 27 2017

City of Sausalito

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

BILL WERNER FOR SAUSALITO CITY COUNCIL 2017

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ANNE TELLER

STREET ADDRESS (NO P.O. BOX)

18 KENDELL COURT

STREET ADDRESS (NO P.O. BOX)

213 RICHARDSON STREET

CITY

SAUSALITO

STATE

CA

ZIP CODE

94965-2422

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

1001 BRIDGEWAY #640, SAUSALITO, CA 94965-2104

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

billwernerforsausalito@gmail.com /

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

MARIN

NAME OF PRINCIPAL OFFICER(S)

WILLIAM ARNO WERNER

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

SAUSALITO

STATE

CA

ZIP CODE

94965-2422

AREA CODE/PHONE

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 7/25/17 By [REDACTED]

DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/25/17 By [REDACTED]

DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Attach additional information on appropriately labeled continuation sheets.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

COMMITTEE NAME

BILL WERNER FOR SAUSALITO CITY COUNCIL 2017

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

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER
BANK OF MARIN		415-289-8706	[REDACTED]
ADDRESS		CITY	STATE
2656 BRIDGEWAY, STE D		SAUSALITO	CA
		ZIP CODE	94965-1400

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
BILL WERNER	SAUSALITO CITY COUNCIL	2017	<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	SUPPORT	OPPOSE
BILL WERNER FOR SAUSALITO CITY COUNCIL 2017		SAUSALITO CITY COUNCIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>