

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified

or

Data qualified as committee

Amendment

Termination - See Part 5

08 / 02 / 2017

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

Date of termination

Date Stamp

RECEIVED

AUG 15 2017

City of Sausalito

CALIFORNIA 410
FORM

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Susan Cleveland-Knowles for Sausalito City Council 2017

I.D. Number (if applicable)

1398135

STREET ADDRESS (NO P.O. BOX)

1001 Bridgeway #484

CITY

Sausalito

STATE

CA

ZIP CODE

94965

AREA CODE/PHONE

415-341-5901

MAILING ADDRESS (IF DIFFERENT)

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

susancleveland@aol.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)

300 Napa Street #28

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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this information and certify that 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 8/15/17

DATE

Executed on 8/15/17

DATE

Executed on

DATE

Executed on

DATE

SIGNATURE OF ASSISTANT TREASURER

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

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

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

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I.D. NUMBER

1398135

COMMITTEE NAME

Susan Cleveland-Knowles for Sausalito City Council 2017

- 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

[REDACTED]

CITY

Sausalito

STATE

CA

ZIP CODE

94965

2656 Bridgeway

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
Susan Cleveland-Knowles	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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

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I.D. NUMBER

1398135

COMMITTEE NAME

Susan Cleveland-Knowles for Sausalito City Council 2017

4. Type of Committee (Continued)

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.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Data qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.