

# Statement of Organization Recipient Committee

# CALIFORNIA 410 FORM

## Who Files

**Recipient Committees:** Persons (including an officeholder or candidate), organizations, groups, or other entities that raise contributions from others totaling \$2,000 or more in a calendar year to spend on California elections. They must register with the Secretary of State and report all receipts and expenditures. "Contributions" include monetary payments, loans and non-monetary goods and services received or made for a political purpose.

**Candidates:** The personal funds of a candidate or officeholder used to seek or hold elective office are contributions and count toward qualifying as a recipient committee. However, personal funds used to pay a candidate filing fee or a fee for the statement of qualifications to appear in the ballot pamphlet do not count toward the \$2,000 threshold.

**Multipurpose Organizations:** A nonprofit organization, federal or out-of-state PAC, or other multipurpose organization that makes contributions or expenditures in California elections may also be required to register as a recipient committee with the Secretary of State. See the Fact Sheet on Multipurpose Organizations Reporting Political Spending and the Supplemental Form 410 Instructions.

## When to File

File this form within 10 days of receiving \$2,000 in contributions. Include a \$50 payment made payable to the Secretary of State. Thereafter, the \$50 fee is due annually no later than January 15. In addition to the \$50 fee, a penalty of \$150 may be assessed if payment is late.

For early submissions, mark the "not yet qualified" box. The \$50 fee is requested at this time but is not legally required until the committee qualification threshold has been met.

## Where to File

### All Committees:

Form 410 with original ink  
signature(s)

Secretary of State  
Political Reform Division  
1500 11th Street, Rm 495  
Sacramento, CA 95814

### County & City Committees:

Also file a copy with the  
local filing officer who will receive  
the original campaign statements.

Read instructions carefully as a Form 410 will be  
reflected if all applicable sections are not completed.  
All committees must disclose the financial institution  
and bank account number used by the committee.

## Committee ID Number

The committee's FPPC ID number will be posted at  
cal-access.sos.ca.gov. To receive an official, stamped  
copy of your approved Form 410, send a request, the  
original form, a copy of the form, and a self-addressed,  
stamped envelope, to the Secretary of State.

## Amendments

When information contained in the committee's  
Statement of Organization changes, file an amendment  
within 10 days of the change with the Secretary of  
State and local filing officer (if applicable). During the  
period 16 days before an election, file an amendment  
within 24 hours as described below.

## 24-Hour Reporting

In addition to the 10-day rule to file an original  
Form 410:

- A recipient committee that qualifies during the 16 days prior to an election in which it must file pre-election statements must file a Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements.
- A recipient committee that qualifies during the 90 days prior to an election or on the date of the election in which the committee makes independent expenditures of \$1,000 or more to support or oppose a candidate in that election must file the Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements and with the filing officer(s) for the candidate(s) supported or opposed by the independent expenditure.
- If, during the 16 days prior to an election when a committee is required to file pre-election statements, a change occurs in the name of the committee, the treasurer or other principal officers, or the controlling candidate, an amendment must be filed with the filing officer receiving the committee's original campaign statements within 24 hours of the change.

These filings must be made by fax, guaranteed overnight delivery, personal delivery or online (if online filing is available).

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

FPPC Form 410 (May/2017)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

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

Date of termination.

**2. Treasurer and Other Principal Officers**

**1. Committee Information**

NAME OF COMMITTEE  
Melissa Blaustein for Sausalito City Council 2017

I.D. Number (if applicable)

NAME OF TREASURER  
Patricia Schmitt

STREET ADDRESS (NO P.O. BOX)  
45 Monte Mar Dr

CITY  
Sausalito

STATE  
CA

ZIP CODE  
94965

AREA CODE/PHONE  
415/302-6701

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

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
melissablaustein@gmail.com

COUNTY OF DOMICILE  
City of Sausalito

JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Sausalito

STREET ADDRESS (NO P.O. BOX)  
225 Locust St

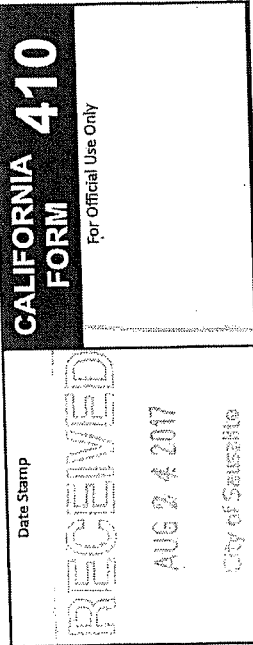
CITY  
Sausalito

STATE  
CA

ZIP CODE  
94965

AREA CODE/PHONE  
415/425-1472

MAILING ADDRESS (IF DIFFERENT)



**CALIFORNIA 410 FORM**  
For Official Use Only

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

Executed on 8/23/17 By [Redacted]  
DATE DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/23/17 By [Redacted]  
DATE DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
Melissa Blaustein for Sausalito City Council 2017

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

NAME OF FINANCIAL INSTITUTION  
First Republic Bank

AREA CODE/PHONE  
(415) 389-0880

BANK ACCOUNT NUMBER  
[REDACTED]

CITY  
Sausalito

STATE  
CA

ZIP CODE  
94964

ADDRESS  
1218 Strawberry Vlg, Mill Valley, CA 94941

**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
Melissa Blaustein	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)	CHECK ONE	
	SUPPORT	OPPOSE
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
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I.D. NUMBER

COMMITTEE NAME

Melissa Blaustein 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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing this 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.