Statement of	Organization				
Statement of			Date Stamp	CALIE	ORNIA 440
Recipient Cor		[	A CONTROL OF THE PARTY OF THE P	1,100,000,000,000,000,000,000	RM 410
Statement Type	☐ Initial ☐ Amendment ☑	Termination - See Part 5		J Y	For Official Use Only
	O Not yet qualified		550 4 4 6617		TOT Official Date Office
	O Date qualified as committee/	12 , 12 , 2017	DEC 1. 4 2017		
	Date qualified as committee	Date of termination			
	/		Wey of Sausonico		
1. Committee Ir	nformation I.D. Number (if applicable) 1398154	2. Treasurer and	Other Principal Office	rs	
NAME OF COMMITTEE	Weeklin Oil O	NAME OF TREASURER			
Dill Meillet IOL 29	rusalito City Council 2017	Anne Teller			
		STREET ADDRESS (NO P.O. BOX)	·		
<u> </u>					
STREET ADDRESS (NO P.O	BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Sausalito	CA	94965	AREA CODE/PHONE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER		34303	
Sausalito	CA 94965				
MAILING ADDRESS (IF DIF	FERENT)	STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		•			- <b>,</b>
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		<del></del>	
iviai II I	Marin	Bill Werner			
		STREET ADDRESS (NO P.O. BOX)			
		213 Richardson Str	eet		
Attach additional ii	nformation on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Sausalito	CA	94965	
3. Verification				la kiski ki meldila beri sa sal	STANIONES STANION STAN
I have used all rea	asonable diligence in preparing this statement and to the best	of my knowledge the informat	ion contained herein is true	and complete	e I certify under
, Jr 3 1	y and a the laws of the State of C			ana compica	c. recitify under
Executed on 12/15	5/2017 By				
12/1/	5/2017	ASSISTANT TREASUR	R	<del>- "- "- "-</del>	
Executed on 12/13	DATE By				
	ACT IN	DIDATE, OR STATE M	EASURE PROPONENT		
Executed on	DATE By				
Executed on		LLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
and detect off	DATE SIGNATURE OF CONTROL	ILLING CARLOS INC.			
	SIGNALURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	·					CALIFORNIA FORM	410
COMMITTEE NAME						Page 2	
Bill Werner for Sausalito City Council 2017						1.D. NUMBER 1398154	
All committees must list the financial institution where	the campaign bank accou	ınt is located.					
NAME OF FINANCIAL INSTITUTION	AREA	CODE/PHONE	BANK ACCO	OUNT NUMBER			
Bank of Marin	415	415-289-8710		3389			
ADDRESS	CITY		STATE		MP CODE		
2656 Bridgeway, Suite D	Saus	salito	CA		4965		
<ul> <li>List the political party with which each officeholder</li> <li>If this committee acts jointly with another controlled</li> </ul>						ble.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROP	ONENT	ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER IF	OR HELD	YEAR OF ELECTION	CHEC	PARTY ·	
Bill Werner	Sausalit	to City Council		2017	Nonpartisan	Partisan (list political	party below)
					Nonpartisan	Partisan (list political	party below)
Primarily Formed Committee Primarily formed to	support or oppose spe	cific candidates or meas	ures in a single el	ection. Lis	below:	1	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BA IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHO	LLOT NO. OR LETTER)	CANDIDATE(S)	OFFICE SOUGHT OR HE DE DISTRICT NO., CITY C	ELD OR MEASU	RE(S) JURISDICTION		CHECK ONE
Bill Werner for Sausalito City Council 2017		Sausalito City Counc			***************************************	SUPPOR	

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Clear Page

Print