

RECEIVED

MAR - 2 2021

City of Sausalito

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 1
 Date of termination
 12 / 31 / 2020

Date Stamp
 RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
 FEB 01 2021

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number 1431855 (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Joan Cox for Sausalito City Council 2020				NAME OF TREASURER Anne Teller				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Sausalito		STATE CA		ZIP CODE 94965		AREA CODE/PHONE [REDACTED]	
CITY Sausalito		STATE CA		ZIP CODE 94965		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Sausalito CA 94966				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) joancoxforsausalito@gmail.com				NAME OF PRINCIPAL OFFICER(S) Joan Cox				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Marin		JURISDICTION WHERE COMMITTEE IS ACTIVE Marin		CITY Sausalito		STATE CA		ZIP CODE 94965		AREA CODE/PHONE [REDACTED]	
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 1/28/2021 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/28/2021 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Joan Cox for Sausalito City Council 2020	I.D. NUMBER 1431855
--	------------------------

• 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]
ADDRESS 2856 Bridgeway, Suite D	CITY Sausalito	STATE CA
		ZIP CODE 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." Stating "No party preference" is acceptable
- 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 CHECK ONE		
Joan Cox	Sausalito City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Joan Cox for Sausalito City Council 2020	Sausalito City Council	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE