21

Statement of Organization
Recipient Committee

Type or print in ink 1328911

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FIL
in the office of the Secretary of
of the State of California
JUL 27 2010
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM **410**

For Official Use Only
RECEIVED
AUG 04 2010
CITY OF SAUSALITO

Statement Type

☒ Initial
Not yet qualified ☒ or

☐ Amendment
List I.D. number:
#

☐ Termination – See Part 5
List I.D. number:
#

Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Joan Cox for City Council 2010

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	[redacted]	415/332-1099

MAILING ADDRESS (IF DIFFERENT)
[redacted] Sausalito, CA 94966

OPTIONAL: FAX / E-MAIL ADDRESS
joancoxforcouncil@gmail.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Marin	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Anne Teller

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
[redacted]	CA	[redacted]	415/350-0944

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Deirdre Joan Cox

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	415/332-1099

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 July 15, 2010 (DATE) By Anne Teller (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on July 15, 2010 (DATE) By Deirdre Cox (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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

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

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
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COMMITTEE NAME
Joan Cox for City Council 2010

I.D. NUMBER

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 "non-partisan."
- 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
Joan Cox	Sausalito City Council	2010	☒ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of Marin	415-289-8710	10307221	
ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	CA	[redacted]

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	
Joan Cox for City Council 2010	Sausalito City Council	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE