

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

Date Stamp  
**RECEIVED**

CALIFORNIA  
FORM  
**410**

For Official Use Only

JAN 25 2011

CITY OF SAUSALITO

Type or print in ink

Termination - See Part 5  
List I.D. number: # 1333277

Amendment  
List I.D. number: # \_\_\_\_\_

Not yet qualified  or

10/22/10  
Date qualified as committee

1/31/11  
Date of Termination

**2. Treasurer and Other Principal Officers**

**1. Committee Information**

NAME OF COMMITTEE

Re-elect Council member Herb Weiner 210

NAME OF TREASURER

Cathy Stierhoff

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]

MAILING ADDRESS (IF DIFFERENT)

[REDACTED]

CITY

Sausalito, CA

STATE

94965

ZIP CODE

[REDACTED]

AREA CODE/PHONE

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

AREA CODE/PHONE

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

NAME OF PRINCIPAL OFFICER(S)

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

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 1/31/11  
DATE

By [REDACTED]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME  
*Re-elect Councilmember Herb Weiner 2010*

I.D. NUMBER

*1333277*

**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
<i>Herb Weiner</i>	<i>Council Member</i>	<i>2010</i>	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> 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	CITY	STATE	ZIP CODE
<i>Bank of Marin</i>	<i>415-289-8710</i>	<i>0 010 - 305 191</i>	<i>Sausalito</i>	<i>CA</i>	<i>94965</i>

**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
		OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

*Re-elect Council member Herb Weiner 2010*

I.D. NUMBER

*1332277*

**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

**Small Contributor Committee**

\_\_\_\_\_  
Date 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.