Statement of Organization		l	Type or print in ink				STATEMENT OF ORGANIZATION					
Recipient Co	mmittee		Type o	pint uruk			Dat	e Stamp		ORNIA 410		
Statement Type	☐ Initial Not yet qualified ☐	1 or	Amendment List I.D. number: # 1324447			Termination – See Part 5 List I.D. number:		Many Services		For Official Use Only		
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			8 , 25	80 1		I I.	SEP 2 4	2012				
	Date qualified as co	ommittee	Date qualified		Date	of Termination	OTY OF SAN	CALIFORS				
1. Committee	Information				4	2. Treasurer and C			ers			
NAME OF COMMITT	EE	NATIONAL STREET, STREE			in Advantakata in Cananan ayan qari	NAME OF TREASURER		o	·	and the state of t		
Linda Pfeifer f	or Sausalito City C	Council 201	2			Anne Teller				•		
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STREET ADDRESS	•					CITY		STATE	ZIP CODE	AREA CODE/PHONE		
LA SCOUN-SIA	6 80					Sausalito		CA	94965	415-350-0944		
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Attach additional i	nformation on appropri	iately labeled	continuation shee	ets.		CITY		STATE	ZIP CODE	AREA CODE/PHONE		
					OCTORATE RESOLVENTION CO. C.		STOCKE A China color-resista pipi sing ngi ngipagang matang kanasang ngapang					
Verification												
I have used all r	easonable diligence	in preparing	this statement	and to the best	t of my knov	vledge the information co	nțained herein is	true and c	omplete. I cer	tify under penalty of		
perjury under the	e laws of the State C	r Camornia t	nat the foregon	ng is true and co	orrect.	YXUIN	NA PA					
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	DATE			· · ·	***************************************	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CAN	DIDATE, OR STA	TE MEASURE PROP	ONENT		
Executed on	DATE		- Anglianista	Ву	***************************************	SIGNATURE OF CONTROLLING						

Statement of Organization Recipient Committee CALIFORNIA 410 INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME

4. Type of Committee Complete the applicable sections.

Linda Pfeifer for Sausalito City Council 2012

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	ı	PARTY		
Linda Pfeifer	Sausalito City Council			2012	Non-Pari	isan		
					☐ Non-Pari	lisan		
List the financial institution where the campaign bank account is located	(controlled	"candidate election" com	imittees only)	And the Annual Control of the Contro	Нація і від продости под		essentino (ette producero de la constanta de l	
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOUN	NT NUMBER				
Bank of Marin	415-2	89-8710	10304608					
ADDRESS	CITY		STATE	ZIP CODE		Partition (transcription of		
3 Harbor Drive	Sausalito		CA	94965				
Primarily Formed Committee Primarily formed to support or oppose spe	ecific candid	ates or measures in a singl	e election. List below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	TER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				CHECK	ONE	
					SUF	PORT	OPPOSE	
		en e			su	PPORT	OPPOSE	

I.D. NUMBER

1324447

Statement of Organization STATEMENT OF ORGANIZATION **Recipient Committee** CALIFORNIA FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Linda Pfeifer for Sausalito City Council 2012 1324447 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 快沙 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 Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a Date qualified small contributor committee on January 1, 2001, enter 1/1/01,

- 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.