

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

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

1350237

01 / 31 / 2013
Date of Termination

Date Stamp
RECEIVED AND FILE
in the office of the Secretary of State
of the State of California
FEB 04 2013
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Ray Withy for Sausalito City Council - 2012

STREET ADDRESS (NO P.O. BOX)

~~6804 ...~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415) ...

MAILING ADDRESS (IF DIFFERENT)

FAK / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bonnie MacGregor

STREET ADDRESS (NO P.O. BOX)

~~...~~

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415) ...

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 01/31/2013 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2013 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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