Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Date Stamp: RECEIVED JAN 31 2011 CITY OF SAUSALITO

Statement Type

☐ **Initial**
Not yet qualified ☐ or
8 / 08 / 10
Date qualified as committee

☐ **Amendment**
List I.D. number:
#
/ /
Date qualified as committee (If applicable)

☒ **Termination – See Part 5**
List I.D. number:
1328911
12 / 31 / 10
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	94965	[redacted]

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
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Mill Valley	CA	94941	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 1/22/11 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 1/22/11 (DATE) By [redacted] (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
CALIFORNIA FORM 410

COMMITTEE NAME: Joan Cox for City Council 2010

I.D. NUMBER: 1328911

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**
3 Harbor Drive	Sausalito	CA	94965

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

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CALIFORNIA FORM **410**

COMMITTEE NAME
Joan Cox for City Council 2010

I.D. NUMBER
1328911

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

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a 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.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.