

1370625

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

08 / 20 / 2014

Date qualified as committee

_____/_____/_____
(If applicable)

Date qualified as committee

_____/_____/_____
(If applicable)

Date of Termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

JILL HOFFMAN FOR CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-596-8152

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

JILL@JILLFORSAUSALITO.COM

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

SAUSALITO

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SONJA HANSON

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-332-6829

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

JILL HOFFMAN

STREET ADDRESS (NO P.O. BOX)

~~XXXXXXXXXX~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAUSALITO	CA	94965	415-596-8152

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 08/25/14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/25/14 By [Signature]
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
JILL HOFFMAN FOR CITY COUNCIL 2014

I.D. NUMBER
[REDACTED]

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE 415-289-8706	BANK ACCOUNT NUMBER 10308468	
ADDRESS 2656 BRIDGEWAY	CITY SAUSALITO	STATE CA	ZIP CODE 94965

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 "nonpartisan."
- 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
JILL HOFFMAN	SAUSALITO CITY COUNCIL	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>