

**Statement of Organization
Recipient Committee**

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1371185

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee: ____/____/____ Date qualified as committee (if applicable): ____/____/____ Date of Termination: ____/____/____

Date Stamp

CALIFORNIA FORM 410
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in the office of the Secretary of State
of the State of California

SEP 09 2014

RCAR

1. Committee Information

NAME OF COMMITTEE
Jonathan Leone for City Council 2014

STREET ADDRESS (NO P.O. BOX)
1001 Bridgeway #648

CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 (415)887-4240

MAILING ADDRESS (IF DIFFERENT)
N/A

FAX / E-MAIL ADDRESS
jonathan@jonathanleone.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Marin

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Vicki Nichols

STREET ADDRESS (NO P.O. BOX)
1001 Bridgeway #648

CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 (415)331-5071

NAME OF ASSISTANT TREASURER, IF ANY
Jonathan Leone

STREET ADDRESS (NO P.O. BOX)
1001 Bridgeway #648

CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 (415)887-4240

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 09/02/2014 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/02/2014 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

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INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME

Jonathan Leone for City Council 2014

CITY OF SAUSALITO

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (415)332-3355	BANK ACCOUNT NUMBER 1124260793
ADDRESS 715 Bridgeway	CITY Sausalito	STATE ZIP CODE CA 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
Jonathan Leone	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"/>