

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

RECEIVED

JUL 13 2026

City of Sausalito

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1376625			
NAME OF COMMITTEE Jill Hoffman for City Council 2026		NAME OF TREASURER Jill Hoffman	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED] Sausalito CA 94965	
CITY Sausalito		CITY Sausalito	
STATE CA		STATE CA	
ZIP CODE 94965		ZIP CODE 94965	
AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]	
COUNTY OF DOMICILE Marin		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
JURISDICTION WHERE COMMITTEE IS ACTIVE Marin / Sausalito		CITY [REDACTED]	
		STATE [REDACTED]	
		ZIP CODE [REDACTED]	
		AREA CODE/PHONE [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]	
		NAME OF PRINCIPAL OFFICER(S) [REDACTED]	
		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
		CITY [REDACTED]	
		STATE [REDACTED]	
		ZIP CODE [REDACTED]	
		AREA CODE/PHONE [REDACTED]	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]	
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 7/13/2026 By [REDACTED] OF TREASURER OR ASSISTANT TREASURER

Executed on 7/13/2026 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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