

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

Date Stamp

RECEIVED

AUG 0 / 2026

City of Sausalito

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Joan Cox for Council 2026

I.D. Number
(if applicable)

STREET ADDRESS (NO P.O. BOX)

CITY

Sausalito

STATE

CA

ZIP CODE

94965

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Marin

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Anes Pogni

STREET ADDRESS (NO P.O. BOX)

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

AREA CODE/PHONE

EMAIL / ADDRESS OF TREASURER (REQUIRED)

anes.pogni@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL / ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL / ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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

August 6, 2026

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SIGNATURE OF CONTROLLING OFFICER/DEFENDANT, OR STATE MEASURE PROponent

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FPPC Form 410 (October/2023)

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