

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: 1370625 #

Date qualified as committee _____
(if applicable)

Date of Termination _____

STATEMENT OF ORGANIZATION
CALIFORNIA 410 FORM
For Official Use Only

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State
of the State of California
JUN 15 2015

Termination - See Part 5
List I.D. number: #

Committee Information

NAME OF COMMITTEE
JILL HOFFMAN FOR CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
~~XXXXXXXXXX~~

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

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE MARIN COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JILL HOFFMAN

STREET ADDRESS
~~XXXXXXXXXX~~

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

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

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 6/15/2015 DATE

By ~~XXXXXXXXXX~~ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ DATE

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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1370625

COMMITTEE NAME
JILL HOFFMAN FOR CITY COUNCIL 2014

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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|---|---|------------------|--|
| JILL HOFFMAN | SAUSALITO CITY COUNCIL | 2014 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | |
|--|---------------------------------|--|
| NAME OF FINANCIAL INSTITUTION BANK OF MARIN | AREA CODE/PHONE 415-289-8706 | BANK ACCOUNT NUMBER XXXX |
| ADDRESS 2656 BRIDGEWAY | CITY SAUSALITO | STATE CA |
| | ZIP CODE 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) | CHECK ONE | |
|--|-----------------------|-----------------------|
| | SUPPORT | OPPOSE |
| CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> |