

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

1390697

12 / 31 / 2016

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 06 2017

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Joe Burns for Sausalito City Council 2016

STREET ADDRESS (NO P.O. BOX)

426 Turney St

CITY

Sausalito

STATE

Ca

ZIP CODE

94965

AREA CODE/PHONE

(415)450-8855

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

joeburnsmail@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sausalito

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Pierre Masquelier

STREET ADDRESS (NO P.O. BOX)

215 Main St, #310

CITY

Sausalito

STATE

Ca

ZIP CODE

94965

AREA CODE/PHONE

(415)717-8379

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

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 12/30/2016

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/30/16

By

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Joe Burns for Sausalito City Council 2016

I.D. NUMBER
1390697

- 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)289-8710	BANK ACCOUNT NUMBER 10309631
ADDRESS 2656 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Joe Burns	Sausalito City Council	2016	<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"/>