

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 Date qualification threshold met  
 or  
 Amendment  
 Date qualification threshold met

1. Committee Information

I.D. Number (if applicable) 1419245

Termination - See Part 5  
 Date of termination  
 6/13/19

2. Treasurer and Other Principal Officers

NAME OF TREASURER Laura Gott

Date Stamp

**RECEIVED AND FILED**  
 In the office of the Secretary of State  
 of the State of California  
 JUN 24 2019

**RECEIVED**  
 JUL 08 2019  
 CITY OF NOVATO

**CALIFORNIA 410 FORM**

NAME OF COMMITTEE Supporters of Marie Hoch City Council 2019

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY Novato STATE CA ZIP CODE 94949 AREA CODE/PHONE \_\_\_\_\_

FULL MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY Novato STATE CA ZIP CODE 94949 AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) marie.k.hoch@gmail.com

COUNTY OF DOMICILE Marin JURISDICTION WHERE COMMITTEE IS ACTIVE Novato

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 6.21.2019 BY [Signature] SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 6.21.2019 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Supporters of Marie Hoch for City Council 2019

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Westamerican Bank	AREA CODE/PHONE (415) 883-0180	BANK ACCOUNT NUMBER
ADDRESS 300 Ignacio Blvd.	CITY Novato	STATE CA
	ZIP CODE 94949	

### 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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
Supporters of Marie Hoch for City Council 2019	Novato City Council District 5	2019	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

#### 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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>