

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED JAN 30 2012 CITY OF SAUSALITO	CALIFORNIA 460 2001/02 FORM
Page _____ of _____ For Official Use Only	

Date of election if applicable:
(Month, Day, Year)
11/2/10

Statement covers period
from 1/1/11
through 6/30/11

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- (Also Complete Part 5)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
Amended to correct Schedule E and Campaign Disclosure Statement
Summary Page.

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jonathan Leone for City Council 2010

1331324

Treasurer(s)

NAME OF TREASURER
Vicki Nichols

MAILING ADDRESS
~~1001 E. Highway 9999~~

STREET ADDRESS (NO P.O. BOX)
~~1001 E. Highway 9999~~

CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE 415 887-4240

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
N/A

CITY N/A STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
jonathan@jonathanleone.com

OPTIONAL: FAX / E-MAIL ADDRESS
N/A

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Executed on _____ Date 1/29/11
Executed on _____ Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA FORM 460	Page _____ of _____
----------------------------------	---------------------

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Jonathan Leone			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sausalito City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1827 BATTERY ROAD #648 Sausalito CA 94965	CITY	STATE	ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period 1/1/11	CALIFORNIA FORM 460
from 6/30/11	Page _____ of _____
through	I.D. NUMBER 1331324

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jonathan Leone for City Council 2010

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1965.00	\$ 1965.00
2. Loans Received	Schedule B, Line 3	\$ 2100.00	\$ 22100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 4065.00	\$ 24065.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 4065.00	\$ 24065.00

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 225.84	\$ 225.84
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 225.84	\$ 225.84
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 4486.78	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 4712.62	\$ 4712.62

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1708.30	\$ 1708.30
13. Cash Receipts	Column A, Line 3 above	\$ 4065.00	\$ 4065.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 4712.62	\$ 4712.62
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1060.68	\$ 1060.68
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	\$ 0

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
18. Cash Equivalents	See instructions on reverse	\$ 0	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 22100.00	\$ 22100.00

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____
21. Expenditures Made \$ _____

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Type or print in ink.
Amounts may be rounded
to whole dollars.

NAME OF FILER

CODES: If one of the following codes accurately describes the payment; you may enter the code. Otherwise, describe the payment.

MR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRC	print ads

the payment: you may enter the code. Otherwise, describe the payment.

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same
VOT	voter registration
VOI	information technology costs (internet, e-

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1 Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2 Unitemized payments made this period of under \$100

2 Unitemized payments made this period of under \$100

3 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

3 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)