

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8/7/26
through 9/19/26

Date of election if applicable:
(Month, Day, Year)
11/3/26

Date Stamp
RECEIVED
SEP 24 2026
City of Sausalito

CALIFORNIA 460
FORM
Page 1 of 8
For Official Use Only

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

- ☒ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Committee
☐ State Candidate Election Committee ☐ Controlled Sponsored
(Also Complete Part 5) (Also Complete Part 6)
☐ General Purpose Committee ☐ Primarily Formed Candidate/Officeholder Committee
☐ Sponsored Small Contributor Committee (Also Complete Part 7)
☐ Political Party/Central Committee

2. Type of Statement:

- ☒ Preelection Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
42-4321910

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Joan Cox for Council 2026

Treasurer(s)

NAME OF TREASURER
Aness Pogni
MAILING ADDRESS
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY [REDACTED] STATE CA ZIP CODE 94965 AREA CODE/PHONE [REDACTED]

Sausalito
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 231
CITY [REDACTED] STATE CA ZIP CODE 94966 AREA CODE/PHONE [REDACTED]

Sausalito
OPTIONAL: FAX / E-MAIL ADDRESS

ioancoxforsausalito@gmail.com

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 correct.

Executed on 9/24/26 Date By [REDACTED] Assistant Treasurer

Executed on 9/24/26 Date By [REDACTED] Signature of Controlling Officer/Candidate/State Measure Proponent or Responsible Officer of Sponsor

Executed on [REDACTED] Date By [REDACTED] Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on [REDACTED] Date By [REDACTED] Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Joan Cox			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sausalito City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
P. O. Box 231	Sausalito	CA	94966

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. Primarily Formed 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 Candidate/Officeholder 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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Joan Cox

Statement covers period from 8/7/26 through 9/19/26	CALIFORNIA FORM 460
Page 3 of 8	I.D. NUMBER 42-4321910

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 4711	\$ 4711
2. Loans Received.....	Schedule B, Line 3 1500	1500
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 6211	\$ 6211
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 6211	\$ 6211

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 6060	\$ 6060
7. Loans Made.....	Schedule H, Line 3 6060	6060
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 6060	\$ 6060
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 6060	6060
10. Nonmonetary Adjustment.....	Schedule G, Line 3 6060	6060
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 6060	\$ 6060

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
/ /	/	\$
/ /	/	\$

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0
13. Cash Receipts.....	Column A, Line 3 above 6211
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 6060
15. Cash Payments.....	Column A, Line 8 above 151
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 151

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$
18. Cash Equivalents.....	See instructions on reverse \$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA 460
FORM

Statement covers period
from 8/7/26
through 9/19/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joan Cox

I.D. NUMBER

42-4321910

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/26	Thomas Reilly Forresters Beach, NSW Australia	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
9/4/26	F. Eugene Forsburg Berkeley, CA 94708	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/7/26	Samuel L. Chase Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/7/26	Ingrid C. Hayden-Chase Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/7/26	Sophia Collier Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
SUBTOTAL \$ 2250						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 4700
- Amount received this period – unitemized monetary contributions of less than \$100\$ 11
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 4711**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>8/7/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
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NAME OF FILER
Joan Cox

I.D. NUMBER
42-4321910

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/26	Katherine Reynolds [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/7/26	Willie McDevitt [REDACTED] Petaluma, CA 94952	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Real Estate / Hotel	250	250	
9/10/26	Kass Green [REDACTED] Berkeley, CA 94708	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Real Estate / Hotel	500	500	
9/10/26	Michael McDevitt [REDACTED] Petaluma, CA 94952	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Inn Above Tide	500	500	
SUBTOTAL \$ 1350						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

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NAME OF FILER
Joan Cox

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/26	Michael McDewitt Petaluma, CA 94952	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Inn Above Tide	500	500	
9/14/26	Kathryn Ellsworth Chadds Ford, PA 19317	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/22/26	Jonathan Leone Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Investment	100	100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 1100						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
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SCC - Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE
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Statement covers period
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Indie Politics 1428 Tanager Ln Petaluma, CA 94954	CNS		1500
Indie Politics 1428 Tanager Ln Petaluma, CA 94954	LIT		1860
Indie Politics 1428 Tanager Ln Petaluma, CA 94954	CMP		675
SUBTOTAL \$ 4035			

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6060
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 6060

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
County of Marin	FIL			225
Sausalito Center for the Arts	FND			850
Bay Area Bespoke Events	FND			600
Sausalito Parks & Rec	FND			350

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

SUBTOTAL \$ 2025