

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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SEP 23 2026

City of Sausalito

CALIFORNIA
FORM 460

Page 1 of 12

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/26
through 9/19/26

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

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Jill Hoffman for City Council 2026

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 [REDACTED]

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

1001 Bridgeway Street, #107

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 9/23/2026 Date

Executed on Date

Executed on Date

Executed on Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>12</u> I.D. NUMBER <u>1370625</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill Hoffman for City Council 2026

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>13,764</u>	\$ <u>13,764</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>13,764</u>	\$ <u>13,764</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>13,764</u>	\$ <u>13,764</u>

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ <u>3,139</u>	\$ <u>3,139</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>3,139</u>	\$ <u>3,139</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>3,388</u>	<u>3,388</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>6,527</u>	\$ <u>6,527</u>

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	\$ <u>199</u>
13. Cash Receipts..... Column A, Line 3 above	<u>13,764</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	<u>3,139</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>10,824</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

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

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u> I.D. NUMBER 1370625
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill Hoffman for City Council 2026

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)
7/28/26	Sandra Bushmaker [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Sophia Collier [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	John Connally [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Ken Currier [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 2,000						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 13,678

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 86

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 13,764**

*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>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>12</u> I.D. NUMBER 1370625
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NAME OF FILER

Jill Hoffman for City Council

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)
7/28/26	Sue Currier [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Kristina Feller [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner	500		
7/28/26	Ed Fotsch [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	490		
7/28/26	Jim Gabbert [REDACTED] Sausalito, CA 94965	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	Net Generation Enterprises	500		
7/28/26	Neil Gibbs [REDACTED] <i>Sausalito, CA 94965</i>	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	490		
SUBTOTAL \$ 2,480						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>12</u> I.D. NUMBER 1370625
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NAME OF FILER

Jill Hoffman for City Council

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)
7/28/26	Courtney Goff [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	196		
7/28/26	Karen Golden [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Karen Golden Storytelling	193		
7/28/26	Sonja Hanson [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Barbara Holmes [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner	250		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ <u>1,139</u>						

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
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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>7/1/26</u>	CALIFORNIA FORM 460
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NAME OF FILER Jill Hoffman for City Council	I.D. NUMBER 1370625
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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)
7/28/26	Bob Lalanne [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lalanne Family Living Trust	500		
7/28/26	Vince Maggiora [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Craig Merrilees [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner	245		
7/28/26	Alice Merrill [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Larry Mindel [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	241		
SUBTOTAL \$ 1,986						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>12</u> I.D. NUMBER 1370625

NAME OF FILER

Jill Hoffman for City Council

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)
7/28/26	Michael Mindel [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Poggio	482		
7/28/26	Kay Mitzel [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Cosentino Noelle [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	490		
7/28/26	Tim Nousen [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Liz O'Keefe [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
SUBTOTAL \$ 2,472						

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 IND - Individual
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 (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>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA 460 FORM Page <u>8</u> of <u>12</u> I.D. NUMBER 1370625
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NAME OF FILER

Jill Hoffman for City Council

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)
9/17/26	Laurie Flynn [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	144		
7/28/26	Cherly Popp [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200		
7/28/26	Nick Roby [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	245		
7/28/26	Liz Sutherland [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Chris & Sue White [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
SUBTOTAL \$				1,339		

*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>7/1/26</u>	CALIFORNIA FORM 460
through <u>9/19/26</u>	
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NAME OF FILER Jill Hoffman for City Council	I.D. NUMBER 1370625
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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)
7/28/26	Emmet Yeazell [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300		
7/28/26	Pat Zuch [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500		
7/28/26	Paul Sabbarwal [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	490		
7/28/26	Melinda Lee [REDACTED] Sausalito, CA 94965	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	490		
7/28/26	Ted Hanig [REDACTED] Miami, FL 33172	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	482		
SUBTOTAL \$ 2,262						

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill Hoffman for City Council 2026

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
Political Data Intelligence PO Box 59570 Norwalk, CA	CNS	Political Consultants	\$2,550
Evite.com	FNS	Fundraising Event	\$69
Sticker Mule	CMP	Campaign Buttons	\$193

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

SUBTOTAL \$ 2,812

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,139
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).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3,139

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill Hoffman for City Council 2026

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
United States Postal Service	POS	Mailbox Rent	\$125
WIX 500 Terry Francols Blvd. San Francisco, CA 94111	WEB	IT Support	\$202

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

SUBTOTAL \$ 327

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/26</u> through <u>9/19/26</u>		CALIFORNIA FORM 460
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NAME OF FILER Jill Hoffman for City Council 2026		I.D. NUMBER 1370625

SEE INSTRUCTIONS ON REVERSE

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Joanne's Print Shop 2000 Bridgeway, Sausalito	CMP	0	\$2,587	0	\$2,587
Political Data Intelligence PO Box 59570, Norwalk CA	CNS	0	\$3,150	\$2,550	\$600
Sticker Mule	CMP	0	\$394	\$193	\$201
SUBTOTALS		\$ 0	\$ 6,131	\$ 2,743	\$ 3,388

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 6,131
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 2,743
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 3,388

May be a negative number

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov