

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|---|
| Date Stamp RECEIVE OCT 23 2014 CITY OF SAUSALITO | CALIFORNIA 2001/02 FORM 460 |
| | Page <u>1</u> of <u>6</u> For Official Use Only |

| | |
|---|---|
| Statement covers period from <u>10/1/14</u> through <u>10/18/14</u> | Date of election if applicable: (Month, Day, Year) <u>11/4/14</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee <input type="checkbox"/> Primarily Formed <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6) <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) |
|--|---|

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|--|

3. Committee Information

I.D. NUMBER
1370625

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
JILL HOFFMAN FOR CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

~~101 BRIDGEWAY #889~~

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SAUSALITO</u> | <u>CA</u> | <u>04065</u> | <u>415-596-8152</u> |

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

~~101 BRIDGEWAY #889~~

| | | | |
|------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SAUSALITO</u> | <u>CA</u> | <u>94965</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS

JILL@JILLFORSAUSALITO.COM

Treasurer(s)

NAME OF TREASURER
SONJA HANSON

MAILING ADDRESS
~~101 BRIDGEWAY ST~~

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SAUSALITO</u> | <u>CA</u> | <u>94965</u> | <u>415-332-6829</u> |

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 10/23/14

 Date
 Executed on 10/23/14

 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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 6

i. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JILL HOFFMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
SAUSALITO CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
~~1500 15th St~~, SAUSALITO, CA 94965

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? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> 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 | <input type="radio"/> SUPPORT <input type="radio"/> 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 | <input type="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> 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 from <u>10/1/14</u> | CALIFORNIA FORM 460 |
| through <u>10/18/14</u> | |
| Page <u>3</u> of <u>6</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL FOR CITY COUNCIL 2014

I.D. NUMBER

1370625

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>2295</u> | \$ <u>11014</u> |
| 2. Loans Received Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>2295</u> | \$ <u>11014</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>2295</u> | \$ <u>11014</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

| | Column A | Column B |
|---|-------------------|-------------------|
| 1. Payments Made Schedule E, Line 4 | \$ <u>2639.42</u> | \$ <u>9785.08</u> |
| 2. Loans Made Schedule H, Line 3 | | |
| 3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>2639.42</u> | \$ <u>9785.08</u> |
| 4. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | | |
| 5. Nonmonetary Adjustment Schedule C, Line 3 | | |
| 6. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>2639.42</u> | \$ <u>9785.08</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

| | |
|--|-------------------|
| 2. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>1303.34</u> |
| 3. Cash Receipts Column A, Line 3 above | <u>2295</u> |
| 4. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>2639.42</u> |
| 5. Cash Payments Column A, Line 8 above | <u>958.92</u> |
| 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____ |

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

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| 8. Cash Equivalents See instructions on reverse | \$ _____ |
| 9. 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).

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE

Statement covers period
from 10/1/14
through 10/18/14

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JILL FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

| 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| 10/1/14 | MARK FRANK, 3000 BAY ST, #300 SAN FRANCISCO, CA 94107 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | ANALYTICS MGR, WELLS FARGO BANK | 200 | 200 | |
| 10/1/14 | NORMA JAMES, 700 WABERSUNWAY , MONTGOMERY, TEXAS 77356 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | RETIRED | 100 | 100 | |
| 10/6/14 | JOAN SAXTON, 10 ALEXANDER , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | PHYSICIAN, PACIFIC HEIGHTS MEDICAL GROUP | 100 | 100 | |
| 10/5/14 | RANDA EMERA, 100 SOUTH ST , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | TEACHER, WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT | 100 | 100 | |
| 10/6/14 | NANCY OSBORNE, 2 KENDAL CT , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | RETIRED | 150 | 150 | |

SUBTOTAL \$ 650

Schedule A Summary

Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1500

Amount received this period – unitemized contributions of less than \$100 \$ 795

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2295

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CON

| | |
|--|----------------------------|
| Statement covers period from <u>10/1/14</u> | CALIFORNIA FORM 460 |
| through <u>10/18/14</u> | |
| Page <u>5</u> of <u>6</u> | |

NAME OF FILER
 JILL FOR CITY COUNCIL 2014

I.D. NUMBER
 1370625

| 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) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 10/6/14 | JIM OSBORNE, 2150 KILPATRICK , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | RETIRED | 150 | 150 | |
| 10/6/14 | DANIEL MORGAN, 2658 HEBBURN WAY , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | | 250 | 250 | |
| 10/10/14 | ANNIE PORTER, 2658 HEBBURN WAY , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | BOOKKEEPER AND LEGAL SECTY | 100 | 100 | |
| 10/19/14 | INGRID HAYDEN, 1950 KILPATRICK , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | RETIRED | 250 | 250 | |
| 10/20/14 | STEVE SARA, 10615 BERTHOLD , SAUSALITO, CA 94965 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | ARTIST, STEVE SARA ARTIST | 100 | 100 | |
| SUBTOTAL \$ | | | | 850 | | |

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULE

| | |
|---|----------------------------|
| Statement covers period from 10/1/14 through 10/18/14 | CALIFORNIA FORM 460 |
| | Page 6 of 6 |
| | I.D. NUMBER 1370625 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL FOR CITY COUNCIL 2014

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

| | | |
|---|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| MS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| MTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| MVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| MIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| MND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| MID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| MEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| MIT 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 |
|---|---------|------------------------|-------------|
| MODERN POSTCARDS, 1675 FARADAY AVE, CARLSBAD, CA 92008 | LIT | | 2461.19 |
| JOANNE'S COPY SHOP, 2000 BRIDGEWAY, SAUSALITO, CA 94965 | LIT | | 115.55 |
| | | | |

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

SUBTOTAL \$ 2576.74

Schedule E Summary

| | | |
|--|-----------------|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 2576.74 |
| 2. Unitemized payments made this period of under \$100 | \$ | 62.68 |
| 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 \$ | 2639.42 |