

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <i>electronic rec'd 10-22-14</i>	CALIFORNIA 2001/02 FORM	460
	Page <u>1</u> of <u>3</u>	
For Official Use Only		

Statement covers period from <u>1 OCT 14</u> through <u>18 OCT 14</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4 2014</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

I.D. NUMBER 1370436

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
A BETTER SAUSALITO AGAINST MEASURE O

STREET ADDRESS (NO P.O. BOX)
~~XXXX PROGRESS AVE~~

CITY SAUSALITO STATE CA ZIP CODE 94965 AREA CODE/PHONE 415 331-1590

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
JOHN FLAVIN

MAILING ADDRESS
~~XXXX PROGRESS AVE~~ CA 94965 415331-1590

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 22 OCT 2014

 Date

Executed on _____

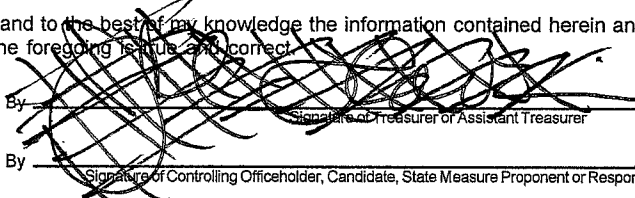
 Date

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 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? COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE CITY OF SAUSALITO ESSENTIAL SERVICES MEASURE BALLOT NO. OR LETTER 0 JURISDICTION SAUSALITO SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT NA 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

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>1 OCT 14</u> through <u>18 OCT 14</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A BETTER SAUSALITO AGAINST MEASURE O

I.D. NUMBER

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>2075</u>
2. Loans Received Schedule B, Line 3	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ <u>2075</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ <u>2075</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ _____	\$ <u>26</u>
7. Loans Made Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ <u>26</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ _____	\$ <u>196810</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ _____	\$ <u>199410</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>2049</u>
13. Cash Receipts Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ _____
15. Cash Payments Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2049</u>

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

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.

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____