

# Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA</b>
	<b>2001/02</b>
	<b>FORM</b>

Statement covers period from 10/19/14 through 12/31/14

Date of election if applicable: (Month, Day, Year) 11/04/14

Page 1 of 6

For Official Use Only

2. Type of Statement:

Preelection Statement

Semi-annual Statement

Termination Statement

Amendment (Explain below)

**CORRECTED MATH ON PAGE 3 EXPENSES & Page 6 Expenses**

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection Statement - Attach Form 495

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee

Ballot Measure Committee

State Candidate Election Committee

Recall

Controlled

Sponsored

General Purpose Committee

Primarily Formed Candidate/Officeholder Committee

Small Contributor Committee

Political Party/Central Committee

3. Committee Information

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

T.P. NUMBER 1370625

NAME OF TREASURER SONJA HANSON

CITY SAUSALITO STATE CA ZIP CODE 94965 AREA CODE/PHONE 415-332-6829

Mailing Address (crossed out): SAUSALITO CA 94965

NAME OF ASSISTANT TREASURER, IF ANY (blank)

Mailing Address (blank)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

1. 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 2/4/2015

Executed on 2/4/2015

Executed on

Executed on

Signature of Controlling Officer/holder, Candidate, State Measure Proponent (crossed out)

Signature of Controlling Officer, State Measure Proponent or Responsible Officer of Sponsor (crossed out)

Signature of Controlling Officer/holder, Candidate, State Measure Proponent (crossed out)

Signature of Controlling Officer/holder, Candidate, State Measure Proponent (crossed out)

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM  
460**

Page 2 of 6

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

**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

~~XX~~  
**XX**  
**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

**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

SUPPORT  
 OPPOSE

**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  
10/19/14

from 12/31/14 through

Page 3 of 6

I.D. NUMBER  
1370625

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL FOR CITY COUNCIL 2014

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
Monetary Contributions ..... Schedule A, Line 3	\$ 1698.48	\$ 12712.48		
Loans Received ..... Schedule B, Line 3				
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ 1698.48	\$ 12712.48		
Nonmonetary Contributions ..... Schedule C, Line 3	\$ 189.08	\$ 189.08		
<b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ 1887.56	\$ 12901.56		

## Expenditures Made

Payments Made ..... Schedule E, Line 4	\$ 325.25	\$ 10225.12		
Loans Made ..... Schedule H, Line 3				
<b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7	\$ 325.25	\$ 10225.12		
Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ 189.08	\$ 189.08		
Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 514.33	\$ 10414.20		
<b>TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ 1026.66	\$ 10299.41		

## Current Cash Statement

Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 1228.92
Cash Receipts ..... Column A, Line 3 above	\$ 1887.56
Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ 514.33
Cash Payments ..... Column A, Line 8 above	\$ 2602.15
<b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1628.66

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

## Loan Guarantees Received

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

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

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

Contributions Received	\$
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.

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).

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

Schedule A Monetary Contributions Received

Statement covers period from 10/19/14 through 12/31/14 Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL FOR CITY COUNCIL 2014

I.D. NUMBER

1370625

Table with columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED THIS PERIOD, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTION TO DATE

SUBTOTAL \$ 750

Schedule A Summary

Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) \$ 750

Amount received this period - unitemized contributions of less than \$100. \$ 948.48

Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1698.48

Contributor Codes: IND - Individual, COM - Recipient Committee, OTH - Other, PTY - Political Party, SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

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

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NAME OF FILER

JILL FOR CITY COUNCIL 2014

Statement covers period  
from 10/19/14  
through 12/31/14  
Page 5 of 6  
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
<b>SUBTOTAL \$</b>							

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 189.08
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 189.08

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

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

**Schedule E Payments Made**

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.
- MS campaign consultants
- TB contribution (explain nonmonetary)\*
- VC civic donations
- IL candidate filing/ballot fees
- ND fundraising events
- ID independent expenditure supporting/opposing others (explain)\*
- EG legal defense
- JT campaign literature and mailings
- MBR 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)
- PRT print ads
- 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 candidate/sponsor
- VOT voter registration
- 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
CARDS DIRECT, 12750 MERIT DR, STE 900, DALLAS, TX			THANK YOU NOTES	119

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 119

**Schedule E Summary**

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 119
- 2. Unitemized payments made this period of under \$100 \$ 206.25
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 321.04
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 325.25