

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Deirdre Soan Col</i>		Date of This Filing <i>8/10/16</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>(415) 754-5100</i>	I.D. NUMBER (if applicable) <i>1387897</i>	Report No. <i>1</i>	RECEIVED 10 AUG 09 2016 City of Sausalito	
STREET ADDRESS <i>846 Olima St</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Sausalito</i>	STATE <i>CA</i>	ZIP CODE <i>94965</i>	No. of Pages <i>1 of 4</i>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>7/28/16</i>	<i>John Ferrell 439 Johnson St. Sausalito 94965</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Engineer Pacific Minerals Int</i>	<i>250.</i> <input type="checkbox"/> Check if Loan _____% Provide Interest rate
<i>7/28/16</i>	<i>Sam Chase 19 Bonita St. Sausalito 94965</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Engineer Semi-Retired</i>	<i>250.</i> <input type="checkbox"/> Check if Loan _____% Provide Interest rate
<i>7/28/16</i>	<i>Engrid Haepfen Chase 19 Bonita St. Sausalito 94965</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>250.</i> <input type="checkbox"/> Check if Loan _____% Provide Interest rate

****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

Reason for Amendment: _____

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STREET ADDRESS 846 Olima St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sausalito	STATE CA	ZIP CODE 94965	No. of Pages <u>2 of 4</u>	

1. Contribution(s) Received

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8/5/16	Robert Zadek 206 Caledonia St. #19 Sausalito 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Buchalter Nemer	250. <input type="checkbox"/> Check if Loan _____% Provide interest rate
7/28/16	Mrs. Joan B. Cox 4830 Kennett Pike, Apt 2542 Wilmington, DE 19807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250. <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/6/16	Sonja Hanson 522 Sprinx St. Sausalito 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250. <input type="checkbox"/> Check if Loan _____% Provide interest rate

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CITY Sausalito	STATE CA	ZIP CODE 94965	No. of Pages 3 of 4	

1. Contribution(s) Received

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8/6/16	Susan Shea 572 Spring St. Sausalito 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 <input type="checkbox"/> Check if Loan _____% Provide interest rate
7/28/16	Deirdre Joan Cox 846 Olima St. Sausalito 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney. Borke Williams & Sorenson LLP	1000 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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CITY <u>Sausalito</u>	STATE <u>CA</u>	ZIP CODE <u>94965</u>	No. of Pages <u>4 of 4</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: _____