

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ray Withy for Sausalito City Council 2016		Date of This Filing 8/22/16	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 22 2016 City of Sausalito </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-300-5791	I.D. NUMBER (if applicable) Pending	Report No. _____		
STREET ADDRESS 3001 Bridgeway, Suite K #385		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sausalito	STATE CA	ZIP CODE 94965	No. of Pages 1	

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
8/17/16	Ray Withy 99 Miller Lane Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed TWG Advisors	2,000.00 <input checked="" type="checkbox"/> Check if Loan 0 % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>
		<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 _____ % <small>Provide interest rate</small>

Reason for Amendment: _____

****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