

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Carolyn Ford		Date Stamp
AREA CODE/PHONE NUMBER 415.332.3409	I.D. NUMBER (if applicable) 1322115	<div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center;">OCT 20 2009</div> <div style="text-align: center;">CITY OF SAUSALITO</div>
STREET ADDRESS [REDACTED]		
CITY Sausalito	STATE CA	
	ZIP CODE 94965	
Date of This Filing 10-30-09		
Report No. 1		
<input type="checkbox"/> Amendment to Report No. (explain below)		
No. of Pages 2		

**CALIFORNIA 497 FORM**  
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## 1. Contribution(s) Received

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
10-26-09	Carolyn Ford [REDACTED] Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Business Owner Property Management	15,000 <input 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
		<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

\*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: Contribution to campaign.

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NAME OF FILER Carolyn Ford AREA CODE/PHONE NUMBER 415.332.3409 STREET ADDRESS [REDACTED] CITY Sausalito	Date Stamp Date of This Filing <u>10-30-09</u> Report No. <u>1</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>
I.D. NUMBER (if applicable) 1322115 STATE CA ZIP CODE 94965	

## 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>
10-26-09	Carolyn for Council, #1322115 [REDACTED] Sausalito, CA 94965	Carolyn Ford Sausalito City Council	15,000	11-3-09

Reason for Amendment: Contribution to Campaign