Recipient Committee					COVERPAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp		ifornia 460
(Government Code Sections 04200-04216.5)	Statement covers period from 10-21-2012	Date of election if applicable: (Month, Day, Year)	13/	Page	of
SEE INSTRUCTIONS ON REVERSE	through12-31-2012	11-6-2012	W.		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			· · · · · · · · · · · · · · · · · · ·
✓ Officeholder, Candidate Controlled Committee  ○ State Candidate Election Committee  ○ Recall  (Also Complete Part 5)  ☐ General Purpose Committee  ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Statement) Amendment (Explain bel	•	Quarterly Stat Special Odd- Supplemental Statement - A	Year Report
3. Committee Information	I.D. NUMBER 1350237	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	E)	NAME OF TREASURER			<del></del>
Ray Withy for Sausalito City Council - 2012		Bonnie MacGregor			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Sausalito	CA	94965	445-200-4070
Sausalito STATE ZIP	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	. BOX	MAILING ADDRESS	·	#	
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	· · · · · · · · · · · · · · · · · · ·	
. Verification		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my kn	owledge the information contained here	in and in the attached	schedules is tru	e and complete. I certify
under penalty of perjury under the laws of the State of Califor	Tha that the foregoing is true and correct?				
Executed on	Ву	Si nature of creasury or Assistants in	easurer		
Executed on	BySignature of C	ontrolling Officeholder, Candidate, State Measure Propo		f Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Stat		·····	
Executed on	Ву				
Date	•	Signature of Controlling Officeholder, Candidate, Stat	te Measure Proponent	· · · · · · · · · · · · · · · · · · ·	

5. Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Measure Commit	itee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		
Ray Withy for Sausalito City Council - 2012					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF AF	PPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	Ir	7 SUPPORT
Sausalito City Council - 2012				[	] SUPPORT ] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP			······································	
Sausalito, CA 94965	;	Identify the controlling offi	ceholder, candidate, o	r state measure	proponent, if any.
	· · · · · · · · · · · · · · · · · · ·	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List not included in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.	any committees formed to receive	OFFICE SOUGHT OR HELD	Water Control of the	DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER					
	_				
NAME OF TREASURER CONTROLLED C	COMMITTEE? 7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Officeholder	Committee L	ist names of
YES	□ NO			ee is primanly tori	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AF	REA CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER					OPPOSE
		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED C		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	□ NO				SUPPORT OPPOSE
		****			
CITY STATE ZIP CODE AF	REA CODE/PHONE	Attan	h continuation sheets	if naconner:	
		Allac	ii commuauon sneets	n necessary	

## Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period CALIFORNIA 10-21-2012 **FORM** from . Page 3 12-31-2012 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ray Withy for Sausalito City Council - 2012 1350237

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 944.00	\$	3882.00	General Elections
2. Loans Received Schedule B, Line 3	0		20000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 944.00	\$	23882.00	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3	0		301.07	Received \$ \$ \$ 21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 944.00	\$	24183.07	Made \$\$
Expenditures Made		····		Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 7854.50	\$	23215.35	Candidates
7. Loans Made Schedule H, Line 3	0		0	·
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7854.50	\$	23215.35	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0		0	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0		301.07	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 7854.50	\$	23516.42	\$
Current Cash Statement		Γ		, , , , , , ,
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 7577.15		aalaulata Oaluuuu Bii U	
13. Cash Receipts	944.00	am	calculate Column B, add ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	col fro	responding amounts m Column B of your last	*Amounts in this section may be different from amounts
15. Cash Payments	7854.50	rep	ort. Some amounts in	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 666.65	figu	lumn A may be negative res that should be	
If this is a termination statement, Line 16 must be zero.		per	otracted from previous iod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0	for	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			n Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$ 0	٠,,,	<i>r</i> ·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 20000.00			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Statement covers period **CALIFORNIA** 10-21-2012 **FORM** from 12-31-2012 through I.D. NUMBER 4050007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ray Withy for Sausalito City Council - 2012

DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYED BY	AMOUNT RECEIVED THIS	CUMULATIVE TO DATE	PER ELECTION
RECEIVED (IF COMMITTEE, ALSO ENTER LD. NOMBER)  CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
10-30-2012 Charles Ruby  Squadity CA 9499  Charles Ruby  Charles	100	100	
Sausalito Shipyard & Marina, LLC  2350 Moris 17 117  Sausalito CA 04000  Sausalito Shipyard & Marina, LLC  2350 Moris 17 117  Sausalito CA 04000  Sausalito Shipyard & Marina, LLC	250	250	
□IND □COM □OTH □PTY □SCC			
□IND □COM □OTH □PTY □SCC			
□IND □COM □OTH □PTY □SCC			
SUBTOTAL\$			grid and the second

## Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 350 594 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ \_\_\_\_
- 3. Total monetary contributions received this period. 944

\*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E	
<b>Payments Made</b>	

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

			SCHEDULE
Statement covers period		CALIFORNIA	460
from	10-21-2012	FORM	400
through	12-31-2012	Page S o	16

•	to whole dollars.	from10-21-2012	FORM	TOO
SEE INSTRUCTIONS ON REVERSE		through12-31-2012	Page S o	<u> 6</u>
NAME OF FILER			I.D. NUMBER	
Ray Withy for Sausalito City Council - 2012			1350237	

CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  MTG meeting of fine to office to	er communications gs and appearance expenses circulating banks and survey reseal a, delivery and me ional services (leg	RAD radio airtime and production costs  RED returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  staff/spouse travel, lodging, and meals  staff/spouse travel, lodging, and meals  transfer between committees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT AMOUNT PAID
Indie Politics	LIT	Mailer 3351.54
Indie Politics	LIT	Mailer 537.86
Indie Politics 10-the Mire Count Name and Additional Count	LłT	Mailer 3291.09
* Payments that are contributions or independent expenditures must also be s	ummarized on S	Schedule D. SUBTOTAL\$ 7180.49

	30BIOIAL#	7 100.49
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	\$	7718.35
2. Unitemized payments made this period of under \$100		136.15
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		

## Schedule E

Type or print in ink.

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from10-21-2012	FORM 460
SEE INSTRUCTIONS ON REVERSE		through12-31-2012	Page 6 of 6
NAME OF FILER			I.D. NUMBER
Ray Withy for Sausalito City Council - 2012			1350237
CODES: If one of the following codes accurately de	scaribas the neumant wall may enter the code	Otherwice describe the neumant	

ES: It one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads 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
Indie Politics	LIT	Mailer	537.86

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**