CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE	Ξ)	DAYTIME TELEPHONE NUMBER	
COX	Deirdre	Joan		ATE SECONOMIC	
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS	
(Business Address Acceptable)	:			Yest	
MCC-modec/	Sausalito	CA	94965	Adjabat@WayKsjdauAsjam	
1 Office, Agency, or Cou	<u>irt</u>	4. Schedule	e Summa	in	
Name of Office, Agency, or Court:		► Total number of pages			
City Council Candidate		including this cover page;			
Division, Board, District, if applical	► Check applic	➤ Check applicable schedules or "No reportable interests."			
Your Position:		I have disclosed interests on one or more of the attached schedules:			
Councilmember / Candidate	4	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownerstrip)			
Agency:	e sheet if necessary.)	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)			
Position:	·	Schedule B			
2. Jurisdiction of Office	Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other Union Gifts and Travel Payments)				
State County of		Schedule D Income - Gift		- schedule attached	
City of Sausalito Multi-County		Schedule E Yes – schedule attached			
Other					
3 Type of Statement (Check at least one box)				ts on any schedule	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Assuming Office/Initial D	Pate:	5. Verification			
Annual: The period covered in through December 31, 2009. O The period covered is		statement. I h of my knowledg	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.		
December 31, 2009. Leaving Office Date Left: (Check one)		l certify under of California t	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
O The period covered is January date of leaving office.	O The period covered is January 1, 2009, through the date of leaving office. One— Date Signed August // 2010 (month, day, year)				
O The period covered is the date of leaving office.		Signature (File the originally signed statement with your lifting official.)			

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