

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA 460
2001/02
FORM

Page 1 of 13

For Official Use Only

Statement covers period from <u>1/01/2014</u> through <u>9/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2014</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1370625

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
JILL HOFFMAN FOR CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
~~XXXXXXXXXX~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAUSALITO</u>	<u>CA</u>	<u>94965</u>	<u>415-596-8152</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1001 BRIDGEWAY, # 989

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAUSALITO</u>	<u>CA</u>	<u>94965</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
JILL@JILLFORSAUSALITO.COM

Treasurer(s)

NAME OF TREASURER
SONJA HANSON

MAILING ADDRESS
~~XXXXXXXXXX~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAUSALITO</u>	<u>CA</u>	<u>94965</u>	<u>415-332-6829</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/4/2014
Date

Executed on 10/4/2014
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JILL HOFFMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
SAUSALITO CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
~~5185 EASTERN, SAUSALITO, CA 94965~~

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/14</u>	CALIFORNIA FORM 460
through <u>09/30/14</u>	
Page <u>3</u> of <u>13</u>	I.D. NUMBER 1370625

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JILL HOFFMAN FOR CITY COUNCIL 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>8719</u>	\$ <u>8719</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>8719</u>	\$ <u>8719</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>8719</u>	\$ <u>8719</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Payments Made Schedule E, Line 4	\$ <u>7145.66</u>	\$ <u>7145.66</u>
2. Loans Made Schedule H, Line 3		
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>7145.66</u>	\$ <u>7145.66</u>
4. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
5. Nonmonetary Adjustment Schedule C, Line 3		
6. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>7145.66</u>	\$ <u>7145.66</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____
3. Cash Receipts Column A, Line 3 above	<u>8719</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	<u>7145.66</u>
5. Cash Payments Column A, Line 8 above	<u>1303.34</u>
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ _____
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE

Statement covers period from <u>01/01/14</u> through <u>09/30/14</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL HOFFMAN FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/14	SONJA HANSON, 525 EIGHTH ST, SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
8/12/14	SUSAN SHEA, 525 EIGHTH ST, SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
8/17/14	MARCO BURGIO, 520 EAST 14TH ST, SAUSALITO, CA 949645	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	SR DIR OF FINANCE, VISUALLY	200	200	
8/18/14	KATHERINE OBERLE, 200 CHERRY ST, DUNES BLVD, OAKLAND, CA 94618	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ATTORNEY, BARTHKO, ZANKEY & BUNZEL	100	100	
8/20/14	KAYLA KAHN, 65 BIRDSONG DR, SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	

SUBTOTAL \$ 1050

Schedule A Summary

Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>8350</u>
Amount received this period – unitemized contributions of less than \$100	\$ <u>369</u>
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>8719</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	01/01/14	
through	09/30/14	Page <u>5</u> of <u>13</u>

NAME OF FILER

JILL HOFFMAN FOR CITY COUNCIL 2014

I.D. NUMBER

1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/14	JOHN FERRELL, 430 BIRCHWOOD DR , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	GEO CONSULTANT, JOHN FERRELL CONSULTING	250	250	
8/20/14	WILLIAM WERNER, 2100 BIRCHWOOD DR , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ARCHITECT, WILLIAM WERNER ARCHITECTS	250	250	
8/22/14	FLORA ROGERS, 1100 BIRCHWOOD DR , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
8/22/14	PATRICIA ZUCH, 2500 BIRCHWOOD DR , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	MANAGEMENT CONSULTANT, PAZ MGMT	250	250	
8/22/14	ROBERT ZADEK, 2000 BIRCHWOOD DR , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ATTORNEY, BUCHHALTER & NEMER	250	250	
SUBTOTAL \$				1250		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	9/30/14	Page <u>7</u> of <u>13</u>

NAME OF FILER
 JILL FOR CITY COUNCIL 2014

I.D. NUMBER
 1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/14	JANE DIRKES, 1234567890 , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
8/28/14	ELAINE KOLOWICH, 2345678901 , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	OFFICE ADMINISTRATOR, VALUE CLICK	100	100	
8/28/14	ANN JONES, 3456789012 , SAUSALITO, CA 94965	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	INTERIOR DESIGNER, ANN JONES DESIGNS	100	100	
8/28/14	PAZ MGMT LLC, 4567890123 , Greenbrae, CA 94904	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	CORPORATION	250	250	
8/28/14	ROBERT BUECHELL, JR., 5678901234 , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ATTORNEY, ROBERT BUECHEL ATTNY AT LAW	250	250	
SUBTOTAL \$				800		

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	9/30/14	Page <u>8</u> of <u>13</u>

NAME OF FILER
 JILL FOR CITY COUNCIL 2014

I.D. NUMBER
 1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/14	CHARLES DONALD, 2200 BROADWAY , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
9/4/14	WILLIAM MEEHAN, 2200 BROADWAY SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	CLINICAL PSYCHOLOGIST, WILLIAM MEEHAN, PSYCHOLOGIST	250	250	
9/5/14	WILLIAM MONNET, 1870 POWERLINE DRIVE SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	200	200	
9/5/14	LAURA ROEBUCK, 2200 BROADWAY , SAN FRANCISCO, CA 94114	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ARTIST, LAURA ROEBUCK	250	250	
9/5/14	ROBYN JAMES, 1801 PINE GLEN DR , CONROE, TX 77304	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	AREA DIR OF OPERATIONS, REHABCARE	250	250	

SUBTOTAL \$ 1050

*Contributor Codes
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CON

Statement covers period from <u>1/1/14</u>	CALIFORNIA FORM 460
through <u>9/30/14</u>	
Page <u>9</u> of <u>13</u>	

NAME OF FILER
 JILL FOR CITY COUNCIL 2014

I.D. NUMBER
 1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/14	ERIC PACK, 10801 W. WALKER , CONROE, TX 77304	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PHYSICIAN, TEXAS FOOT SURGEONS	250	250	
9/8/14	JEROME SCHOFFERMAN, 3000 W. HILL ST. , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PHYSICIAN, SPINE CARE MEDICAL GROUP	250	250	
9/8/14	JANN JOHNSON, 2000 W. HILL ST. , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PHYSICIAN, KAISER PERMAMENTE	250	250	
9/10/14	MELODY MAGGIORA, 500 SPRING ST. , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
9/13/14	CARINA SABHARWAL, 265 W. MAIN ST. , SAN FRANCISCO, CA 94123	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	ATTORNEY, UNEMPLOYED	250	250	
SUBTOTAL \$				1250		

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CON

Statement covers period from <u>1/1/14</u>	CALIFORNIA FORM 460
through <u>9/30/14</u>	
Page <u>10</u> of <u>13</u>	

NAME OF FILER
JILL FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/14	TODD JAMES, XXXXXXXXXXXX MONTGOMERY, TX 77356	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	MGR BUS DEVELOPMENT, CES PERFORMANCE	250	250	
9/20/14	TOM HARRIMAN, XXXXXXXXXXXX , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
9/20/14	JEFF HARRIMAN, XXXXXXXXXXXX , WOODACRE, CA 95973	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
9/20/14	ROBERT SASS, XXXXXXXXXXXX , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	250	250	
9/22/14	CHARLES ORTMAN, XXXXXXXXXXXX , SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
SUBTOTAL \$				1100		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CON

Statement covers period from <u>1/1/14</u>	CALIFORNIA FORM 460
through <u>9/30/14</u>	
Page <u>11</u> of <u>13</u>	

NAME OF FILER
JILL FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/14	ANNE BOMFORD, 18333 15th St SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
9/25/14	ANDREW ROWEN, 1400 15th St SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PRESIDENT, ORBITAL ASSET HOLDINGS	250	250	
9/4/14	SAM CHASE, 1500 15th St SAUSALITO, CA 904965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	CONSULTING ENGINEER, ECCM ASSOCIATES	250	250	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				600		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period
from 01/01/14
through 09/30/14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JILL HOFFMAN FOR CITY COUNCIL 2014

I.D. NUMBER

1370625

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| L candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| D independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| IT 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
POLITICAL LAWN SIGNS, AKA CROSS AND OBERLIE, 916 BYRD AVE, NEENAN, WI 54956	CMP		1090.15
JOANNES COPY SHOP, 2000 BRIDGEWAY, SAUSALITO, CA 94965	LIT		447.78
ZAZZLE, 1800 SEAPORT BLVD, REDWOOD CITY, CA 94063	CMP		599.02

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2136.95

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	6625.25
2. Unitemized payments made this period of under \$100	\$	520.41
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	7145.66

**Schedule E
Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT

Statement covers period		CALIFORNIA FORM 460
from	01/01/14	
through	09/30/14	Page <u>13</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JILL HOFFMAN FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| IT 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
MODERN POSTCARDS, 1675 FARADAY AVE, CARLSBAD, CA 92008	LIT		4187.97
SAYLORS SOUTH OF THE BORDER, 2009 BRIDGEWAY, SAUSALITO, CA 94965	FND		300.33

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4488.30