

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Councilmember Linda Pfeifer supports Council Candidate Jill Hoffman		Date of This Filing 10.8.14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 4152350565	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS 2015 South Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY sausalito	STATE ca	ZIP CODE 94965	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Support: Jill Hoffman (Oppose: Jonathan Leone/Herb Weiner)				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Measure O Sales Tax Increase			
OFFICE SOUGHT OR HELD Sausalito City Council (Hoffman)	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER O	JURISDICTION	SUPPORT	OPPOSE X

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10.8.14	Printing publication and mailing of letter to residents listing reasons why I support Jill Hoffman, do not support Jonathan Leone or Herb Weiner for Sausalito City Council, and explaining why I oppose Measure O the city's sales tax increase	\$2,294.54

Reason for Amendment: _____

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM 496

I.D. NUMBER (If applicable)

NAME OF FILER

Councilmember Linda Pfeifer supports Council Candidate Jill Hoffman

3. Contributions of \$100 or More 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	INTEREST RATES
10.7.14	Linda Pfeifer 2805 Park Street Sausalito CA 94965 or Mailing address 3001 Bridgeway Suite 219 Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USCG *paid for letter myself (personal funds)	I_paid*	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****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