# Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/1/14 through 10/18/14

Date of election if applicable: (Month, Day, Year) 11/4/14

Date Stamp: RECEIVED OCT 23 2014 CITY OF SAUSALITO

CALIFORNIA 2001/02 FORM 460



For Official Use Only

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

- [x] 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:

- [x] 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): [redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| SAUASLITO | CA | 04065 | 415-596-8152 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: [redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| SAUSALITO | CA | 94965 | |

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

## Treasurer(s)

NAME OF TREASURER: SONJA HANSON

MAILING ADDRESS: [redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| SAUSALITO | CA | 94965 | 415-332-6829 |

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 10/23/14 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/23/14 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) 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

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## 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

[redacted], 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? ○ YES ○ 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? ○ YES ○ 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 | ○ SUPPORT ○ OPPOSE |
|---|---|---|

**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 |
|---|---|

## 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 | ○ SUPPORT ○ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ○ SUPPORT ○ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ○ SUPPORT ○ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ○ SUPPORT ○ 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 10/1/14 through 10/18/14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JILL FOR CITY COUNCIL 2014

I.D. NUMBER
1370625

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| . Monetary Contributions | *Schedule A, Line 3* | $ 2295 | $ 11014 |
| . Loans Received | *Schedule B, Line 3* | | |
| . SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 2295 | $ 11014 |
| . Nonmonetary Contributions | *Schedule C, Line 3* | | |
| . TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 2295 | $ 11014 |

## 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

| | | | |
|---|---|---|---|
| . Payments Made | *Schedule E, Line 4* | $ 2639.42 | $ 9785.08 |
| . Loans Made | *Schedule H, Line 3* | | |
| . SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 2639.42 | $ 9785.08 |
| . Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | | |
| 0. Nonmonetary Adjustment | *Schedule C, Line 3* | | |
| 1. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 2639.42 | $ 9785.08 |

## 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 |
|---|---|
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |
| / / | $ |

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

## Current Cash Statement

| | | |
|---|---|---|
| 2. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 1303.34 |
| 3. Cash Receipts | *Column A, Line 3 above* | 2295 |
| 4. Miscellaneous Increases to Cash | *Schedule I, Line 4* | |
| 5. Cash Payments | *Column A, Line 8 above* | 2639.42 |
| 6. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 958.92 |

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

7. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $

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).

## Cash Equivalents and Outstanding Debts

8. Cash Equivalents ..... *See instructions on reverse* $

9. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $

## Schedule A
## Monetary Contributions Received

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

Statement covers period
from 10/1/14
through 10/18/14

SCHEDULE
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AME 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) |
|---|---|---|---|---|---|---|
| 10/1/14 | MARK FRANK, [redacted] SAN FRANCISCO, CA 94107 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | ANALYTICS MGR, WELLS FARGO BANK | 200 | 200 | |
| 10/1/14 | NORMA JAMES, [redacted], MONTGOMERY, TEXAS 77356 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | RETIRED | 100 | 100 | |
| 10/6/14 | JOAN SAXTON, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | PHYSICIAN, PACIFIC HEIGHTS MEDICAL GROUP | 100 | 100 | |
| 10/5/14 | RANDA EMERA, [redacted] SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | TEACHER, WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT | 100 | 100 | |
| 10/6/14 | NANCY OSBORNE, [redacted] SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | RETIRED | 150 | 150 | |
| | | | SUBTOTAL $ | 650 | | |

## Schedule A Summary

. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 1500

. Amount received this period – unitemized contributions of less than $100 ..... $ 795

. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2295

*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 10/1/14
through 10/18/14

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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) |
|---|---|---|---|---|---|---|
| 10/6/14 | JIM OSBORNE, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | RETIRED | 150 | 150 | |
| 10/6/14 | DANIEL MORGAN, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | | 250 | 250 | |
| 10/10/14 | ANNIE PORTER, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | BOOKKEEPER AND LEGAL SECTY | 100 | 100 | |
| 10/19/14 | INGRID HAYDEN, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | RETIRED | 250 | 250 | |
| 10/20/14 | STEVE SARA, [redacted], SAUSALITO, CA 94965 | (●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC | ARTIST, STEVE SARA ARTIST | 100 | 100 | |
| | | | SUBTOTAL $ | 850 | | |

*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
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JILL FOR CITY COUNCIL 2014

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

:MP campaign paraphernalia/misc.
:NS campaign consultants
:TB contribution (explain nonmonetary)*
:VC civic donations
:IL candidate filing/ballot fees
:ND fundraising events
ID independent expenditure supporting/opposing others (explain)*
EG legal defense
IT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponso
VOT voter registration
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 | | 2461.19 |
| JOANNE'S COPY SHOP, 2000 BRIDGEWAY, SAUSALITO, CA 94965 | LIT | | 115.55 |
| | | | |

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

SUBTOTAL $ 2576.74

## Schedule E Summary

. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 2576.74
2. Unitemized payments made this period of under $100 ..... $ 62.68
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 $** 2639.42