

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED Date Stamp MAY 24 2012 CITY OF SAUSALITO

CALIFORNIA FORM 460

Page 1 of 10 For Official Use Only

Statement covers period from 01/01/2012 through 05/19/2012

Date of election if applicable: (Month, Day, Year) 06/05/2012

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER 1347160

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters

STREET ADDRESS (NO P.O. BOX)

San Rafael, CA 94903 (415) 336-1914

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

555 Capitol Mall, Suite 1425 Sacramento, CA 95814

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jason Golden

MAILING ADDRESS San Rafael, CA 94903 (415) 336-1914

NAME OF ASSISTANT TREASURER, IF ANY

Robert M. Briare

MAILING ADDRESS Santa Rosa, CA 95403 (415) 459-4058

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 5-20-12 Date
Executed on 5-20-12 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] 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 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
City of Sausalito Measure

BALLOT NO. OR LETTER D	JURISDICTION City of Sausalito	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> 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 Candidate/Officeholder 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="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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>01/01/2012</u> through <u>05/19/2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>10</u>
I.D. NUMBER 1347160	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>13,600.00</u>	\$ <u>13,600.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>13,600.00</u>	\$ <u>13,600.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>13,600.00</u>	\$ <u>13,600.00</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

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>3,130.63</u>	\$ <u>3,130.63</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3,130.63</u>	\$ <u>3,130.63</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3,130.63</u>	\$ <u>3,130.63</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

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>0.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>13,600.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>3,130.63</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>10,469.37</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

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).

*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 A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page <u>4</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters		1347160

SEE INSTRUCTIONS ON REVERSE

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)
05/16/2012	Jeffrey L. Allen ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Jonathan Alper ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Matthew L. Barnes ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Tahoe Boaz ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Matthew R. Bouchard ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	

SUBTOTAL \$ 500.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	13,600.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	13,600.00

*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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page 5 of 10
NAME OF FILER		I.D. NUMBER
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters		1347160

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)
05/16/2012	Bret Burger XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Charles Casalnuovo XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Robert DeLong XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Peter H. Falk XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Joe V. Frazier XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
SUBTOTAL \$				500.00		

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 IND - Individual
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 OTH - Other (e.g., business entity)
 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 (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>05/19/2012</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>10</u>

NAME OF FILER Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters	I.D. NUMBER 1347160
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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)
05/16/2012	Joh Christian Gergus XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Cary Ewen Gloeckner XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Jason D. Golden XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	600.00	600.00	
05/16/2012	Ian W. Hanson XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	James W. Irving XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	200.00	200.00	
SUBTOTAL \$				1,100.00		

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IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
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 (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page 7 of 10

NAME OF FILER Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters	I.D. NUMBER 1347160
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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)
04/24/2012	Marin Professional Firefighters PAC (#930791) XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
05/16/2012	John C. McHugh XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Mill Valley Fire Fighters Association XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
05/16/2012	Bruno P. Missio XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	James D. Moore, IV XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	200.00	200.00	
SUBTOTAL \$				10,500.00		

*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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page 8 of 10
NAME OF FILER		I.D. NUMBER
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters		1347160

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)
05/16/2012	Kenny O'Reilly XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Douglas A. Paterson XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Benjamin Pope XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Timothy M. Pratt XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	200.00	
05/16/2012	Timothy M. Pratt XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	200.00	
SUBTOTAL \$				500.00		

*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

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page <u>9</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters		1347160

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)
05/16/2012	Cordi J. Sullivan XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Mark L. Tracey XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Anthony Vitalie XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Adam Vollmer XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
05/16/2012	Dennis Young XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter Southern Marin Fire District	100.00	100.00	
SUBTOTAL \$				500.00		

*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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	05/19/2012	Page 10 of 10
NAME OF FILER		I.D. NUMBER
Sausalito Firefighters Say Yes on Measure D, sponsored by Sausalito Firefighters Association and Marin Professional Firefighters		1347160

SEE INSTRUCTIONS ON REVERSE

CODES: If 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
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT 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
Firefighters Print & Design, Inc. 1780 Creekside Oaks Drive, Suite 200 Sacramento, CA 95833	LIT		2,471.28
Olson, Hagel and Fishburn, LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	PRO		659.35

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

SUBTOTAL \$ 3,130.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,130.63
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	3,130.63

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)