Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
(Government Gode Goodario G-1200 G-12100)	Statement covers period from 10/01/2012	Date of election if applicable: (Month, Day, Year)	1 1 THE	Page 1 of 9 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/20/2012	11/06/2012	: .	
1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recali (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	D. NUMBER 1324447	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Linda Pfelfer for Sausalito Clty Council 2012		NAME OF TREASURER Anne Teller MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	**************************************	CITY Sausalito		21P CODE AREA CODE/PHONE 04966 415-350-0044
CITY STATE ZIP CO Sausalito CA 9496		NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	30X	MAILING ADDRESS	ай өрдө бөлөсөн балын бөлүү орчуулган орчуу аруу соонун орчуу аруу аруу аруу аруу аруу аруу аруу	
CITY STATE ZIP CC	DDE AREA CODE/PHONE	CITY	STATE 2	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	The Charles are required as the Charles and the Charles are the Charles and the Charles are the Charles and the Charles are th	OPTIONAL: FAX / E-MAIL ADDR	ESS	AMERINAAN OP ANY CORPUS AND ACCUSE TO CARE AND AND ANY OPPOSITION OF A SALE AND ANY
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Callforni Executed on Date Executed on Date Executed on Date		Signature of Jeasture of Assistant froiling Officeholder, Candidate, State Measure Pro	Treasurer pagent or Responsible Officer of Sp	: :
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S		

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	us feln felh die de Reconstant de sons succept su foreigne vocassium em un phily us est disch du un fersou versie en missionalist		NAME OF BALLOT MEASURE			
Linda Pfeifer						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N :	SUPPORT
City Council of Sausalito						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			and the state of t		
Sausa Sausa	alito CA 94965		Identify the controlling office	eholder, can	ndidate, or state meas	ure proponent, if any
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD	anagaga daga sa jamundan sa da s	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		partification and his house and his discussion and minimizer or was communicated and discussions are delegated and the particular and the communicated and t	ing namakannya nepancapangan paganapangan Pangah Pangah pagah Pangah pagah pagah pagah pagah pagah pagah pagah	The Control of the Co	akundari parabat parabat pakan akan akan mengan kepan katan dan andara dan paka banda
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO BOX)	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	eholder Committee s committee is primarily OFFICE SOUGHT OR HE	formed.
CITY STATE ZIP	CODE AREA CODE/PHONE					OPPOSE
	SODE AREA GODE/FRONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME 63	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		\$45000000000000000000000000000000000000			
CITY STATE ZIP	CODE AREA CODE/PHONE		Attacl	h continuatio	on sheets if necessary	,

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Linda Pfeifer

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE
Rent covers period CALIFORNIA 4.0.0

Staten	nent covers period 10/01/2012	CALIFORNIA 460
through _	10/20/2012	Page3 of9
	and the second s	I.D. NUMBER
		1324447

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTALTO DATE Running in Both the State Primary and (FROMATTACHED SCHEDULES) General Elections 17051 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 7226 2. Loans Received Schedule B. Line 3 20. Contributions 2825 24277 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 750 750. 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 3625 25027 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 3278 19067 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 3278 19067 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 3276 (mm/dd/yy) 750 10. Nonmonetary Adjustment Schedule C, Line 3 4028 22343 **Current Cash Statement** 3137 To calculate Column B. add 2825 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts O *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 3278 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 2684 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA

Statement covers period

		10	whole donals.	from10/0	1/2012	FORM 46U
SEE INSTRUCTIO	ONS ON REVERSE			through10/	20/2012 P	age4 of9
NAME OF FILER Linda Pfei	fer					D. NUMBER 324447
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 DA- CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
10/19/2012	Jeffrey Cohen 2925coth Street -Pausalite 94965	☑IND □COM □OTH □PTY □SCC	Investment Mgmt Mulholland Capital	200.	200.	
10/17/2012	Michal Staninec 103 Socite States Sausalite 94965	☑IND □COM □OTH □PTY □SCC	self employed Dentist	250.	250.	
10/12/2012	James Mc Cole 106 McCola Brine Sausalite 94965	☑IND □COM □OTH □PTY □SCC	retired	200.	200.	
10/12/2012	Sonja Hanson 52 Asing Reset Sausalite-94965	☑IND □COM □OTH □PTY □SCC	retired	250.	250.	
10/12/2012	Susan Shea 524 Sping Sitest Sausalite 94965	ØIND ☐COM ☐OTH ☐PTY ☐SCC	RN UCSF	250.	250.	
			SUBTOTAL \$	1150.		
1. Amount red (Include all 2. Amount red 3. Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur	s of less than \$	\$100 \$	000	IND – Ind COM – Ri (c OTH – O PTY – Po	tor Codes ividual ecipient Committee other than PTY or SCC) ther (e.g., business entity) litical Party nall Contributor Committee
(Add Lines	i and z. Enter here and on the Summary Page, Colur	nn A, Line 1.)	IUIAL \$			DDC Form 460 (Innovers

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

	to whole dollars,				/2012	FORM 460	
**************************************				through10/2	0/2012	Page	5 of 9
NAME OF FILER				The state of the s	*************************************	I.D. NUMI	BER
Linda Pfeife						132444	.7
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)
10/12/2012	Frank Egger **********************************	☑IND □COM □OTH □PTY □SCC	retired	150.	_{1,5} 1	50.	
10/14/2012	Courtney Nievergelt Sallito 94985	☑IND □COM □OTH □PTY □SCC	retired	150,	1:	50.	
10/11/2012	Peter Nievergelt Souselite 94965	ZIND COM OTH PTY SCC	retired	150.	1.	50.	
10/12/2012	Jeff Cole ***********************************	ZIND COM OTH PTY SCC	self employed attorney	100.		00.	
10/10/2012	L. H. Barber 2005 Salve Avenu e Sausalito 94965	ZIND COM OTH PTY SCC	retired	100.	1	00	
			SUBTOTAL	\$ 650.			

*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.)
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CALIFORNIA

FORM

Statement covers period

from.

10/01/2012

		through10/2	0/2012	Page	6 of 9		
NAME OF FILER Linda Pfeife	ar			terren en e	Principal Colony (Alaba Calaba ang arang paga Principal Ang Anta-Ananananananananananananananananananan	I.D. NUMBER	
LINUA FIGH						13244	47
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)
10/04/2012	Dlane Alper Sausalite 94965	☑IND □COM □OTH □PTY □SCC	retired	100.	. 1	00.	
10/04/2012	Joel Paul Chick Dave Sausalite 94965	IND COM OTH PTY SCC	Law Professor UC Hastings Law School	200.	2	00.	
10/10/2012	Harry Pfeifer West CA 91941	☑IND □COM □OTH □PTY □SCC	retired	250.	2	50.	
10/10/2012	Margaret Pfeifer La Mesa GA 91941	ZIND COM OTH PTY SCC	retired	250.	2	50.	
	· · · · · · · · · · · · · · · · · · ·	□IND □COM □OTH □PTY □SCC			:		
. ——			SUBTOTAL	\$ 800			

*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

S	C	h	0	d	u	0	B	process	P	a	rt	1	
	O	a	n	S	R	e c	e	V(30				

** If required.

Type or print in ink.

SCHEDULE B-PART 1 Statement covers period

Loans Received		unts may be ro to whole dollars	nole dollars. 10/01/2012			FORM 460		
SEE INSTRUCTIONS ON REVERSE through 10/20/2012						0/2012	Page 7	of
NAME OF FILER		•						
Linda Pfelfer							1324447	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(0) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Linda Pfeifer Sausalito 94965	Curriculum Projectleader US Coastguard			□ PAID S □ FORGIVEN	7226.	RATE	ş <u>7000.</u>	S 1400. PER ELECTION***
†☑ IND □ COM □ OTH □ PTY □ SCC	·	s <u>7226.</u>	B simplestic for state de procur requirement de presentant de la company	\$	DATE DUE	\$	8/20/08 DATE INCURRED	\$ manufacture department of the second
[BZ] TND bad CO(1) Incl CO(1) Incl CO(1)	and the first state of the stat			PAID				CALENDAR YEAR
· ·				S	V \$	RATE	genatural birne conseputaçõe de potentia participado de consequente de la consequencia del consequencia de la consequencia de la consequencia del consequen	PER ELECTION **
TO IND COM OTH PTY SCC		\$ inequality and interest the second	8	9	DATE DUE		DATE INCURRED	
East 17 V pr East V v v V before the second of the second		And the state of t		☐ PAID				OALENDAR YEAR
				\$FORGIVE	N \$	RATE		\$PER ELECTION ***
TO IND COM COTH CPTY CSCC		S singular communication action to the communication action actio	\$ particular property and the second	. \$	DATE DUE	\$	DATE INCURRED)
- Ci	1	SUBTOTALS	\$ 0	\$	0 \$ 7226	\$	0	
Schedule B Summary			er og er Se og er	e Graffie fan de State fan de St Before fan de State		(Enter (a) on Schedule E, Line	3)	Batter Control and Supple and April 20 April 2000 and April 2000 for the April 2000 for t
Loans received this period				\$	0	-		
(Total Column (b) plus unitemized loar	ns of less than \$100.)		,,,,,	,			†Contributor Code	18
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party the	00 paid or forgiven.) at are also itemized on Sche	dule A.)					OTH - Other (e.g	n PTY or SCC) j., business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.) ry Page, Column A, Line 2.			NET \$	(May be a negative number)		OUC - GITIBLE COLL	HATOL COMMINGE
*Amounts forgiven or paid by another party also	must be reported on Schedule A	.]	1				EDDC EAR	m 460 (January/0)

Schedule C Nonmonetary Contributions Received

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

Statement covers period from 10/01/2012 CALIFORNIA 460 FORM 460 through 10/20/2012 Page 8 of 9

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Linda Pfeifer

						104111	•
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2012	Lynn Keller 33 Men 1948 Sausaliko 94865	☑IND □COM □OTH □PTY □SCC	Creative Director HKA Design San Francisco 94111	printing	250.	250.	250.
10/8/2012	Ken Horiszny 32 Monte Mar Sausalite 94965	☑IND □COM □OTH □PTY □SCC	Principal HKA Design San Francisco 94111	printing	250.	250.	250.
10/8/2012	David Buse c/o Collety and abels Executive Way	□IND □COM □OTH □PTY □SCC	President Collotype Labels Napa 94558	address labels	250.	250.	250.
	*	□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately labels	ed continuati	on sheets.	SUBTOTAL	750.		

Schedule C Summary

1. Amount received this period – itemized commonetary contributions

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

PTY - Political Party

*Contributor Codes

SCC - Small Contributor Committee

Schedule E Payments Made

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

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	from10/01/2012	FORM 46U
	through10/20/2012	Page 9 of 9
		I.D. NUMBER
		1324447

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SEE INSTRUCTIONS ON REVERSE				throu	gh10/20/20	012 Page	9 of9
NAME OF FILER		 		······································		I.D. NUM	BER
Trage		7					
CODES: If one of the following codes accurately describes	s the payment, yo	u may e	nter the code. (Otherwise, de	scribe the payr	ment.	
CMP campaign paraphernalia/misc, CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FilL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional	munication d appearar uses lating s survey rese ivery and r	s ices earch nessenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and p returned contribution campaign workers' i.v. or cable airtime candidate travel, lost staff/spouse travel, transfer between covoter registration	roduction costs ons salaries and production costs dging, and meals lodging, and meals ommittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
2XX20XXXXXXX		LIT					3276
* Payments that are contributions or independent expenditures n	nust also be summ	arized on	Schedule D.		Pi on in the second	SUBTOTAL\$	3276
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	**********	*****************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	3276
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter nere and on th	ne Summ	ary Page, Colun	nn A, Line 6.)	***************************************	TOTAL \$	3210