

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>Oct 2014</u> through <u>Nov 2014</u>	Date Stamp <i>Rec'd 10-8-14</i>	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2014</u>	Page <u>1</u> of <u>2</u>	
		For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

COMMITTEE/FILER'S NAME

Linda Pfeifer

STREET ADDRESS (NO P.O. BOX)

~~219 South Street~~

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	ca	94965	415/235-0565

OPTIONAL: FAX / E-MAIL ADDRESS

pfeiferlj@hotmail.com

Treasurer (If recipient committee)

NAME OF TREASURER

N/A (not a committee - just myself Linda Pfeifer)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Support: Jill Hoffman (Oppose: Jonathan Leone / Herb Weiner)	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Sausalito City Council	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE Measure O Sales Tax increase: Oppose	BALLOT NO./LETTER O	JURISDICTION Sausalito (Marin County)	OPPOSE

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

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10.7.14	Linda Pfeifer 219 South Street Sausalito CA 94965 or Mailing Address 3001 Bridgeway Suite 219 Sausalito CA 94965	Letter w/reasons why I support Jill Hoffman Council/ & oppose Jonathan Leone, Herb Weiner. & Oppose Meas. O	2294.54	Oct.2014

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	Page <u>2</u> of <u>2</u>
I.L.N.L.M.B.L.L. (If recipient.com.)	

SEE INSTRUCTIONS ON REVERSE

NAME

Linda Pfeifer

4. Summary

- | | |
|---|-------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ 2294.54 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ |
| 3. Total independent expenditures made this period. (Add lines 1 and 2.) | TOTAL \$ 2294.54 |

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME
Linda Pfeifer
ADDRESS (NO. AND STREET)
~~210000 Street~~
CITY STATE ZIP
Sausalito ca 94965

2) NAME
ADDRESS (NO. AND STREET)
CITY STATE ZIP

3) NAME
ADDRESS (NO. AND STREET)
CITY STATE ZIP

4) NAME
ADDRESS (NO. AND STREET)
CITY STATE ZIP

6. Verification

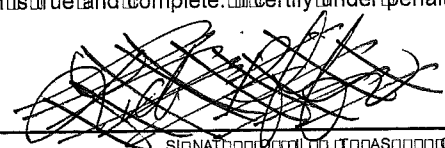
I certify that the independent expenditure(s) disclosed in this statement were not made at the behest of the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 2031 and PPC regulation 225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained therein 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 10.8.2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, CANDIDATE, ASSISTANT, OR

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEMBER, OR POC

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEMBER, OR POC

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEMBER, OR POC