ø	ecipient Committee		· .			COVER PAGE
C	ampaign Statement over Page	Type or print in i	ink.	Date Stamp	CALIFOR FORM	
(6)	overnment Code Sections 84200-84216.5)	Statement covers period from My 2014	Date of election if application (Month, Day, Year)	PCT 08 2014	Page	of
SE	E INSTRUCTIONS ON REVERSE	through Od 1, 2014			== 5	nt to
1.	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	ination)	Quarterly Statemen Special Odd-Year F Supplemental Preel Statement - Attach I	Report lection
	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Re-elect Herb Weiner City Coul		Treasurer(s) NAME OF TREASURER D. W. C. A. C. MAILING ADDRESS	el Kelly		
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	4965 415-509-5453	NAME OF ASSISTANT TREASURER	CA		area code/phone 415-509-545
	OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	CITY ORTIONAL: FAY / F MAIL ADDRESS		P CODE	AREA CODE/PHONE
1.	Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Executed on	a that the foregoing is true and correct By By Signature of Conte	Signature of Treasurer or Assistant Treasure Office Proportion of Treasure Proportion of Treasurer Propor	and in the attached sch	·····	complete. I certify
	Date Executed on Date	By .	Signature of Controlling Officeholder, Candidate, State I Signature of Controlling Officeholder, Candidate, State I			400 (I 15 T)

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

011100110101 01 0111111111111111111111	rolled Committee	6. Prim	narily Formed Ballot Me	easure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE			
Herb Weiner						
OFFICE SOUGHT OR HELD (INCLUDE LOCAT City Council, Sausalito, CA	ION AND DISTRICT NUMBER IF APPLICABLE)	BALLO	JU STTEL PO.ONTC	RISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	d street) city state zip A 94965	Ident	tify the controlling officeho		ate measure pi	roponent, if an
-/		NAME	OF OFFICEHOLDER, CANDIDAT	TE, OR PROPONENT		
	ed in this Statement: List any committee ntrolled by you or are primarily formed to rece ehalf of your candidacy.		DE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				L	
•						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Prin	narily Formed Candida eholder(s) or candidate(s) for	which this committee is	s primarily forme	t names of ed.
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		OF OFFICEHOLDER OR CANDI		GHT OR HELD	SUPPORT
		Her	rb Weiner	City Cou	ıncil	OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHO	NE NAME	OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	STATE ZIP CODE AREA CODE/PHO		E OF OFFICEHOLDER OR CANDI		GHT OR HELD GHT OR HELD	
COMMITTEE NAME NAME OF TREASURER		NAME		IDATE OFFICE SOU		OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME	E OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	NAME	E OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME NAME	E OF OFFICEHOLDER OR CANDI E OF OFFICEHOLDER OR CANDI	IDATE OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

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

Statement covers period CALIFORNIA 160

from Wwx 1

FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Re-elect HERB WEINER CITA COUNCIL 2014 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 700 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 3,700 700 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed **6** 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 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

Statement covers period from Aug 1, 2014 FORM 460

through Oct 1, 2014 Page 1 of 3

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

<u> </u>						
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)
	BAYLIEW PROPERTIES TO BRUSHIND GYGGS	□IND □COM IXOTH □PTY □SCC	(Tital)	250	250	250
	BRUCE HALF TOSERIO DE PROPORTO THUSMIDD, 94965	MIND COM OTH PTY SCC	KIMBER MOMT ROM ESTATE	250	250	25%
	SAUSALID 94965	ŬIND □COM □OTH □PTY □SCC	UNKLEWN	250	250	250
	HOLT ST. CLAIRE GREEN SHINNSON ANE MOVATO, CA	MIND COM OTH PTY SCC	UNKNOWN .	250	250	250
	JULIU M. GREENE BERNINGHU JAN RAFAEL, CA	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	anknown	250	250	250
			SUBTOTAL\$	1,250		

Schedule A Summary

1.	Amount received this period – itemized monetary contributions.	3 1
	(Include all Schedule A subtotals.)	\$ 2,700
2.	Amount received this period – unitemized monetary contributions of less than \$100	\$ 5.100

 *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

FPPC Form 460 (January/05)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	CUMULATIVETO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	KIMBER MGMI MENDENNING SAUSALITO 94965	□IND □COM □COTH □PTY □SCC		250	250	250
	NONIE GREEN TIBURON 94926	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	UNKNOWN	250	2 50	258
	SAUSAITU CA 94965	IMIND COM OTH PTY SCC	UNKNOWU	250	250	250
	PAMELA WYCHITE SAUSALITO, CA 94965	MIND COM OTH PTY SCC	CINKNOWN	250	2 50	250
	Reten Senley SAUSALIOS, 94965	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	UNKNOWN	750	250	250
			SUBTOTAL \$	1,250		

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

\$

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

*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

FPPC Form 460 (January/05)

Clear Sch. A

Print Form

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

statement covers period from 4014 CALIFORNIA 460 FORM through OUL 6 2014 Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ROBERT B GREENE MIND [™]СОМ UNKNOWN BOUTEL SURFER 250 Потн 250 250 SAN RAFAEL, CA **□** PTY □scc Suzie BUCHOLZ STUDIO MIND □сом 480ABMPERSURAL 250 250 ПОТН ARTIST 250 ☐ PTY SAUSALITU ICA 94965 □scc Venice Commer 200 200 200 Псом SAUSALITO, CA-94965 HTO. □ PTY SCC 90shi Tome DNID Sushi RAN 250 250 250 Псом UNKNOWN ПОТН XOT CALEDANIA PTY DAUSALITO, CA □scc TIND ПСОМ □ OTH **□PTY** □scc 1250 SUBTOTAL \$

S	ch	ed	ule	Α	Su	ım	m	ary
---	----	----	-----	---	----	----	---	-----

- 1. Amount received this period itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 3,705

 2. Amount received this period unitemized monetary contributions of less than \$100 \$ 3,705

*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

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