

Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.5)

DATE STAMP
 11/15
 11/14

CALIFORNIA 2001/02 FORM 460

Page 1 of 6
 For Official Use Only

Type or print in ink.
 Statement covers period from 10/19/14 through 12/31/14
 Date of election if applicable: (Month, Day, Year) 11/04/14

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 (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:

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.P. NUMBER 1370625

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 JILL HOFFMAN FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
~~XXXXXXXXXX~~

CITY SAUSALITO STATE CA ZIP CODE 94965 AREA CODE/PHONE 415-596-8152

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

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 1/30/15 Date 1/30/15
 Executed on 1/30/15 Date
 Executed on Date
 Executed on Date

By ~~XXXXXXXXXX~~ Treasurer or Assistant Treasurer
 By ~~XXXXXXXXXX~~ Signature of Treasurer, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By ~~XXXXXXXXXX~~ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By ~~XXXXXXXXXX~~ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM 460

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i. 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
~~XXXXX~~ **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? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> 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	<input type="radio"/> SUPPORT <input type="radio"/> 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

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	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> 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

CALIFORNIA
FORM 460

Statement covers period
10/19/14
from
12/31/14
through

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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	1/1 through 6/30	7/1 to Date
Monetary Contributions	Schedule A, Line 3 \$ 1698.48	12712.48		
Loans Received	Schedule B, Line 3			
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1698.48	12712.48		
Nonmonetary Contributions	Schedule C, Line 3	189.08		
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1887.56	12901.56		

Expenditures Made

Payments Made	Schedule E, Line 4 \$ 440.04	10225.12		
Loans Made	Schedule H, Line 3			
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 440.04	10225.12		
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3			
Nonmonetary Adjustment	Schedule C, Line 3	189.08		
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 629.12	10414.20		

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1228.92			
Cash Receipts	Column A, Line 3 above \$ 1887.56			
Miscellaneous Increases to Cash	Schedule I, Line 4	629.12		
Cash Payments	Column A, Line 8 above \$ 2487.36			
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$			

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

Loan Guarantees Received

Loan Guarantees Received	Schedule B, Part 2 \$			
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Cash Equivalents and Outstanding Debts

Cash Equivalents	See instructions on reverse \$			
Outstanding Debts	Add Line 2 + Line 9 in Column B above \$			

Expenditure Limit Summary for State Candidates

20. Contributions Received	\$	
21. Expenditures Made	\$	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$	

Date of Election (mm/dd/yy) _____ Total to Date _____

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).

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

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

**Schedule A
Monetary Contributions Received**

Statement covers period
from 10/19/14
through 12/31/14
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SEE INSTRUCTIONS ON REVERSE
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)
10/25/14	PATTY BACON, [REDACTED], SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
10/25/14	ISABEL BREMNER, [REDACTED] CT., WESTLAKE VILLAGE, CA	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	RETIRED	100	100	
10/29/14	CATHERINE BLATT, [REDACTED], SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	HOUSEWIFE	250	250	
11/3/14	JEANNE HARVEY, [REDACTED], SAUSALITO, CA 94965	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	WRITER, SELF-EMPLOYED	200	200	
11/5/14	AMOS TAPPAN WILDER, [REDACTED], SAUSALITO, CA	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	LITERARY MANAGER, SELF-EMPLOYED	100	100	
SUBTOTAL \$				750		

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Summary
Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 750
Amount received this period - unitemized contributions of less than \$100 \$ 948.48
Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1698.48**

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 10/19/14
through 12/31/14

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SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

I.D. NUMBER
1370625

JILL FOR CITY COUNCIL 2014

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)
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule C Summary

Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 189.08

Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 189.08

Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 189.08

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

