

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Date of election if applicable: (Month, Day, Year)

11/4/14

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

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
- 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 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 1372590

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

Yes on O Sausalito 2014

### Treasurer(s)

NAME OF TREASURER

Christene Scarpino

MAILING ADDRESS

~~400 [Redacted]~~

STREET ADDRESS (NO P.O. BOX)

~~400 [Redacted]~~

CITY

Sausalito

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

STATE ZIP CODE AREA CODE/PHONE

CA 94965 415.272.7811

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 415.272.7811

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

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 415.272.7811

OPTIONAL: FAX / E-MAIL ADDRESS

info@yesonosausalito.com

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 12/8/14 Date

Executed on 12/8/14 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By  Signature of Treasurer or Assistant Treasurer

By  Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  Signature of Controlling Officer, Candidate, State Measure Proponent

Type or print in ink.

**Recipient Committee Campaign Statement Cover Page — Part 2**

**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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> NO
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 O

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION  
City of Sausalito

SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT  
Joe Burns  
OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY  
City of Sausalito

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

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

CALIFORNIA  
FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Yes on O Sausalito 2014

I.D. NUMBER  
1372590

## Contributions Received

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	0.00	4349.00
2. Loans Received	-500.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	-500.00	4349.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	-500.00	4349.00

## Expenditures Made

6. Payments Made	3217.37	4349.00
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	3217.37	4349.00
9. Accrued Expenses (Unpaid Bills)	0.00	0.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	3217.37	4349.00

## Current Cash Statement

12. Beginning Cash Balance	3717.37
13. Cash Receipts	-500.00
14. Miscellaneous Increases to Cash	3217.37
15. Cash Payments	0.00
16. ENDING CASH BALANCE	0.00

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

## 17. LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	0.00
19. Outstanding Debts	0.00

## 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  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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 B - Part 1  
Loans Received**

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

**CALIFORNIA 460  
FORM**

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

Page 4 of 8  
I.D. NUMBER  
1372590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on O Sausalito 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Christene Scarpino Sausalito, CA 94965	Accountant, Sausalito Imports, LLC	\$ 0.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 500.00 <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE <u>11/4/14</u>	\$ 0.00 RATE <u>0.00</u>	\$ 500.00 DATE INCURRED <u>9/23/14</u>	
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	
<b>SUBTOTALS \$</b>								
								0.00 \$
								500.00 \$
								0.00 \$

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 500.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ -500.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

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

**Schedule E  
 Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on O Sausalito 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
The Spinnaker Restaurant 100 Spinnaker Drive Sausalito, CA 94965	FND		Election night	148.00
Kimber Management, LLC <del>XXXXXXXXXXXX</del> Sausalito, CA 94965	RFT		Returned contribution	250.00
Bayview Properties <del>XXXXXXXXXXXX</del> Sausalito, CA 94965	RFT		Returned contribution	250.00

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

**SUBTOTAL \$ 648.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2954.98
2. Unitemized payments made this period of under \$100 ..... \$ 262.39
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 \$ 3217.37**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

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

Page 6 of 8

I.D. NUMBER  
1372590

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Yes on O Sausalito 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CVP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MITG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Joe Burns [REDACTED] Sausalito, CA 94965	LIT		Payment reimbursement for printing of signs	365.15
Christene Scarpino [REDACTED] Sausalito, CA 94965	LIT		Payment reimbursement for printing of mailer	633.01
Christene Scarpino [REDACTED] Sausalito, CA 94965	POS		Payment for postage and office expenses	43.15
Stephen Hamilton [REDACTED] Petaluma, CA 94952	CNS		Payment for consulting services	1025.00
Stephen Hamilton [REDACTED] Petaluma, CA 94952	CNS		Payment for consulting services	240.67

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

**SUBTOTAL \$** 2306.98

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

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

Page 7 of 8

CALIFORNIA **460**  
FORM

I.D. NUMBER  
1372590

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on O Sausalito 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MITG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- FRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Joe Burns [REDACTED] Sausalito, CA 94965	LIT	365.15	0.00	365.15	0.00
Christene Scarpino [REDACTED] Sausalito, CA 94965	LIT	633.01	0.00	633.01	0.00
Christene Scarpino [REDACTED] Sausalito, CA 94965	OFC, POS	43.15	0.00	43.15	0.00
<b>SUBTOTALS \$</b>		<b>1041.31</b>	<b>0.00</b>	<b>1041.31</b>	<b>0.00</b>

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 2066.31
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 2066.31  
May be a negative number

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

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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

Page 8 of 8

I.D. NUMBER  
1372590

**CALIFORNIA  
FORM  
460**

NAME OF FILER  
Yes on O Sausalito 2014

**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                     |
| CNS | campaign consultants  | MTG | meetings and appearances                  |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           |
| CVC | civic donations   | PET | petition circulating                      |
| FIL | candidate filing/bailot fees                                  | PHO | phone banks                               |
| FND | fundraising events  | POL | polling and survey research               |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  |
| LEG | legal defense   | PRO | professional services (legal, accounting) |
| LIT | campaign literature and mailings                              | FRT | print ads                                 |

- |     |   |
|-----|---|
| RAD | radio airtime and production costs                        |
| RFD | returned contributions                                    |
| SAL | campaign workers' salaries                                |
| TEL | t.v. or cable airtime and production costs                |
| TRC | candidate travel, lodging, and meals                      |
| TRS | staff/spouse travel, lodging, and meals                   |
| TSF | transfer between committees of the same candidate/sponsor |
| VOT | voter registration  |
| WEB | information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stephen Hamilton ██████████ Petaluma, CA 94952	CNS		1025.00	0.00	1025.00	0.00
<b>SUBTOTALS \$</b>			<b>1025.00 \$</b>	<b>0.00 \$</b>	<b>1025.00 \$</b>	<b>0.00</b>