

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED FEB - 1 2021 City of Sausalito	CALIFORNIA FORM 460
	Page <u>1</u> of <u>18</u> For Official Use Only

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	Date of election if applicable: (Month, Day, Year) <u>11-3-2020</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
<i>(Also Complete Part 5)</i>

General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee | Primarily Formed Ballot Measure
Committee
Controlled
Sponsored
<i>(Also Complete Part 6)</i>

Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |
|---|--|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
Termination Statement
(Also file a Form 410 Termination)
Amendment (Explain below) | Quarterly Statement
Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER
1434160

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Sobieski for Sausalito City Council 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94965 [REDACTED]

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

[REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94966 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Steven A Hammersly

MAILING ADDRESS

[REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
Sausalito CA 94966 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 1/31/2021
Date

By [REDACTED]
Signature of Treasurer or Assistant Treasurer

Executed on 1/31/2021
Date

By [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Ian Sobieski			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sausalito City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
██████████	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?
	YES 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?
	YES 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		
BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
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 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	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10-23-2020	CALIFORNIA FORM 460
through 12-31-2020	
Page 3 of 18	
I.D. NUMBER 1434160	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sobieski for Sausalito City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 8,019.00	\$ 15,773.00
2. Loans Received..... Schedule B, Line 3	(7,000.00)	500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,019.00	\$ 16,273.00
4. Nonmonetary Contributions..... Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1,019.00	\$ 16,273.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 3,885.00	\$ 15,909.90
7. Loans Made..... Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,885.00	\$ 15,909.90
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment..... Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,885.00	\$ 15,909.00

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 3,031.10
13. Cash Receipts..... Column A, Line 3 above	1,019.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	692.91
15. Cash Payments..... Column A, Line 8 above	(3,885.00)
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 658.01

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ -0-
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 500.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
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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)
10/20/2020	D. Michael Kelly [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Attorney (Self)	\$ 200.00	\$ 200.00	
10/29/2020	Kristin Hansen [REDACTED] Menlo Park CA 94025	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Political Consultant (Civic Health Project)	\$ 250.00	\$ 250.00	
10/30/2020	Robert May [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Grower (Humboldt Sky LLC)	\$ 200.00	\$ 200.00	
11/3/2020	Kelly Porter [REDACTED] Woodside CA 94062	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Investor (Woodside Capital Partners)	\$ 100.00	\$ 100.00	
11/13/2020	Liberty Ship Way JV II [REDACTED] Sausalito CA 94965	IND COM <input checked="" type="checkbox"/> OTH PTY SCC	Schoonmaker Marina	\$ 500.00	\$ 500.00	

SUBTOTAL \$ 1,250.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,650.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 369.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 8,019.00

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
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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)
11/21/2020	Jeffrey Knowles [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Attorney (Coblentz, Patch)	\$ 500.00	\$ 500.00	
12/3/2020	Jonathan Sanchez [REDACTED] San Francisco CA 94130	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Retired	\$ 500.00	\$ 500.00	
12/4/2020	Berg Holdings (Carlo Berg) [REDACTED] Sausalito CA 94965	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		\$ 500.00	\$ 500.00	
12/7/2020	Bayview Properties (Bruce Huff) [REDACTED] Sausalito CA 94965	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		\$ 500.00	\$ 500.00	
12/7/2020	Kimber Mgt LLC (Bruce Huff) [REDACTED] Sausalito CA 94965	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		\$ 500.00	\$ 500.00	
SUBTOTAL \$ 2,500.00						

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IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1434160	

NAME OF FILER
Sobieski for Sausalito City Council 2020

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)
12/8/2020	Robert H Greene Real Estate (Robert Greene) [REDACTED] San Rafael CA 94901	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		\$ 500.00	\$ 500.00	
12/8/2020	Alan Zatopa [REDACTED] Pacifica CA 94044	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Retired	\$ 500.00	\$ 500.00	
12/8/2020	Peter Van Meter [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Consultant (Mycre LLC)	\$ 250.00	\$ 250.00	
12/8/2020	Jessica Rogers [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Executive (Turner Duckworth)	\$ 100.00	\$ 100.00	
12/8/2020	Mary Foust [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Wealth Manager (Merrill Lynch)	\$500.00	\$500.00	
SUBTOTAL \$ 1,850.00						

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(other than PTY or SCC)
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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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NAME OF FILER
Sobieski for Sausalito City Council 2020

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)
12/8/2020	Larry Mindel [REDACTED] Sausalito CA 95965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Restaurant Executive (Il Fornaio)	\$ 250.00	\$ 250.00	
12/9/2020	Keiran Culligan [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Consultant (X, the Moonshot Factory)	\$ 100.00	\$ 100.00	
12/9/2020	Mickie Lloyd [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Retired	\$ 500.00	\$ 500.00	
12/10/2020	Ronald Albert [REDACTED] Sausalito CA 94966	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Attorney (self)	\$ 200.00	\$ 200.00	
12/10/2020	Scott Brauninger [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Engineer (Pachamama Resources)	\$ 500.00	\$ 500.00	
SUBTOTAL \$ 1,550.00						

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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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
---	------------------------

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)
12/12/2020	Phoebe Fielding [REDACTED] Sausalito CA 94966	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Retired	\$ 250.00	\$ 250.00	
12/19/2020	Sue Currier [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	Landscape Architect (Self)	\$ 250.00	\$ 250.00	
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
SUBTOTAL \$ 500.00						

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

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sobieski for Sausalito City Council 2020

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
Ian Sobieski [REDACTED] Sausalito CA 94965	Candidate			PAID \$ 7,000.00 FORGIVEN \$ -0-	\$ 500.00 2/15/2021 DATE DUE	0 % RATE -0-	\$ 7,500.00 8/21/2020 DATE INCURRED	CALENDAR YEAR \$ -0- PER ELECTION** \$ -0-
† IND COM OTH PTY SCC		\$ 7,500.00	\$ -0-					
† IND COM OTH PTY SCC		\$ _____	\$ _____	PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† IND COM OTH PTY SCC		\$ _____	\$ _____					
† IND COM OTH PTY SCC		\$ _____	\$ _____	PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† IND COM OTH PTY SCC		\$ _____	\$ _____					
SUBTOTALS		\$ -0-	\$ 7,000.00	\$ 500.00	\$ -0-			

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

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 7,000.00
(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 \$ (7,000.00)**
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.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
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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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
N/A	IND COM OTH PTY SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	IND COM OTH PTY SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	IND COM OTH PTY SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	IND COM OTH PTY SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$ -0-					Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sobieski for Sausalito City Council 2020

I.D. NUMBER

1434160

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)
N/A		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ -0-

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ -0-
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ -0-
3. 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 \$ -0-

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1434160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sobieski for Sausalito City Council 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$					-0-	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$	-0-
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$	-0-
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	-0-

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10-23-2020 through 12-31-2020	CALIFORNIA FORM 460
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	I.D. NUMBER 1434160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sobieski for Sausalito City Council 2020

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	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	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
Baily Macdonald [REDACTED] Sausalito CA 94965	LIT	Payment for web design, coding, emails	\$ 724.00
Mediant Web Development [REDACTED] Austin TX 78711	WEB	Website design	\$ 150.00
Anedot [REDACTED] Baton Rouge LA 70112	WEB	Contribution website (service)	\$ 223.10
Sutton Law Firm [REDACTED] San Francisco CA 94108	LEG	Consulting on recount	\$ 2,738.72
FPPC Sacramento CA	FIL	Form 410 Filing	\$ 50.00

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

SUBTOTAL \$ 3,885.00

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1434160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sobieski for Sausalito City Council 2020

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR 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
N/A					
		SUBTOTALS \$	-0-	\$ -0-	\$ -0-

* 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-
- 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 \$** -0-
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -0-

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>10-23-2020</u> through <u>12-31-2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
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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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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)	CODE OR 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
N/A					
SUBTOTALS \$		-0-	\$ -0-	\$ -0-	\$ -0-

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10-23-2020	
through	12-31-2020	Page 16 of 18

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NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
NAME OF AGENT OR INDEPENDENT CONTRACTOR	

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ -0-

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Sobieski for Sausalito City Council 2020	I.D. NUMBER 1434160
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A				PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
				PAID \$ _____ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS			\$ -0-	\$ -0-	\$ -0-	\$ -0-		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

1. Loans made this period.....	\$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Payments received on loans.....	\$ -0-
(Total Column (c) plus unitemized payments of less than \$100.)	
3. Net change this period. (Subtract Line 2 from Line 1.).....	NET \$ -0-
(Enter the net here and on the Summary Page, Column A, Line 7.)	

**If Required

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10-23-2020
through 12-31-2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sobieski for Sausalito City Council 2020

I.D. NUMBER

1434160

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/13/2020	Max Reitfeld [REDACTED] Sausalito CA 94965	\$100.00 expense mis-booked on 10/22 report as \$200.00	+ \$ 100.00
9/26/2020	Joanne's Print Shop [REDACTED] Sausalito CA 94965	Invoice for \$592.91 booked twice on previous reports	+ \$ 592.91

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 692.91

Schedule I Summary

1. Itemized increases to cash this period.	\$ 692.91
2. Unitemized increases to cash of under \$100 this period.	\$ -0-
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ -0-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 692.91