Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1-1-10 through 6-30-10

Date of election if applicable: (Month, Day, Year) 11/3/09

Date Stamp: RECEIVED JUN 28 2010 CITY OF SAUSALITO

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For Official Use Only

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1322115

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CAROLYN FORD CAMPAIGN Committee
Sausalito city Council 2009

STREET ADDRESS (NO P.O. BOX)
201A VALLEY ST

CITY: SAUSALITO STATE: CA ZIP CODE: 94965 AREA CODE/PHONE: (415) 332-3409

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 2907

CITY: SAUSALITO STATE: CA ZIP CODE: 94966 AREA CODE/PHONE: (415) 332 3409

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) Anne Teller

NAME OF TREASURER
PO Box 2802

MAILING ADDRESS
Sausalito CA 94966 (415) 350 0944
CITY STATE ZIP CODE AREA CODE/PHONE

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 6-1-10 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 6-1-10 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (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

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

CAROLYN FORD

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY Council of Sausalito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

201 A Valley St. 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

Schedule B – Part 1
Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 1-1-10
through 6-30-10

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAROLYN FORD

I.D. NUMBER
1322115

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
CAROLYN FORD 201 A VALLEY ST SAUSALITO CA 94965 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 29000	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 29000 DATE DUE	0 % RATE $ 0	$ 2000 7/20/09 DATE INCURRED	CALENDAR YEAR $ 29000 PER ELECTION** $ 29000
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
SUBTOTALS		$ 0	$ 0	$ 29000	$ 0	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

** If required.

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

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 1-1-10
through 6-30-10

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CAROLYN FORD

I.D. NUMBER
1322115

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ -	$ 10696
2. Loans Received	*Schedule B, Line 3*	-	29000
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ -	$ 39696
4. Nonmonetary Contributions	*Schedule C, Line 3*	-	39
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ -	$ 39735

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ -	$ 37260
7. Loans Made	*Schedule H, Line 3*	-	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ -	$ 37260
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-	
10. Nonmonetary Adjustment	*Schedule C, Line 3*	-	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ -	$ 37260

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2436
13. Cash Receipts	*Column A, Line 3 above*	-
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	-
15. Cash Payments	*Column A, Line 8 above*	-
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2436

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ _____

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).

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	$ _____	$ _____

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
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____

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