

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

DATE RECEIVED
OCT 05 2010
CITY OF SAUSALITO

Page of
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11-2-10

Statement covers period
from 1-1-10
through 9-30-10

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 (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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jonathan Leone for City Council 2010

I.D. NUMBER
1331324

Treasurer(s)

NAME OF TREASURER
Vicki Nichols

MAILING ADDRESS
[REDACTED]

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
N/A

CITY STATE ZIP CODE AREA CODE/PHONE
N/A

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

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS
N/A

CITY STATE ZIP CODE AREA CODE/PHONE
N/A

OPTIONAL: FAX / E-MAIL ADDRESS
jonathan@jonathanleone.com

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 October 4, 2010 Date
By [REDACTED] Assistant Treasurer

Executed on October 4, 2010 Date
By [REDACTED] Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date
By [REDACTED] Signature of Officeholder, Candidate, State Measure Proponent

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Jonathan Leone
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Sausalito City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): [Redacted]
CITY: Sausalito STATE: CA ZIP: 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?, 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 checkboxes

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.

Table with columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes

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

1-1-10

from

9-30-10

through

Page _____ of _____

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jonathan Leone for City Council 2010

I.D. NUMBER

1331324

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

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

1. Monetary Contributions	Schedule A, Line 3	\$ 575.00		1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	9000.00			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	9575.00			
4. Nonmonetary Contributions	Schedule C, Line 3	0			
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	9575.00			

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 7019.24			
7. Loans Made	Schedule H, Line 3	0			
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	7019.24			
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0			
10. Nonmonetary Adjustment	Schedule C, Line 3	0			
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	7019.24			

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0			
13. Cash Receipts	Column A, Line 3 above	9575.00			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	150.00			
15. Cash Payments	Column A, Line 8 above	7019.24			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	2705.76			

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0			
18. Cash Equivalents	See instructions on reverse	\$ 0			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____			

Cash Equivalents and Outstanding Debts

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 A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA 460 FORM

Statement covers period
from 1-1-10
through 9-30-10

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Jonathan Leone for City Council 2010

1331324

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)
8-27-10	Kenneth Roberts [REDACTED] Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Internet Business Network	\$100.00	\$100.00	
9-15-10	Ulla Davis [REDACTED] Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crescent Porter Hale Foundation	\$100.00	\$100.00	
9-28-10	Susan Keegin [REDACTED] Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - Artist	\$200.00	\$200.00	
9-30-10	Dorothy Weiss [REDACTED] Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
				SUBTOTAL \$		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 500.00

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

..... \$ 75.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 575.00

*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 B - Part 1
Loans Received**

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

Statement covers period
from 1-1-10
through 9-30-10

**CALIFORNIA 460
FORM**

Page _____ of _____
I.D. NUMBER
1331324

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jonathan Leone for City Council 2010

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	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	PERELECTION**	
										CALENDAR YEAR	PERELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jonathan Leone [REDACTED] Sausalito, CA 94965		\$ 0	\$ 9000.00	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN	\$ 9000.00	_____ %	\$ 9000.00	\$ 0	_____	_____
<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	\$ _____	_____ %	\$ _____	\$ _____	_____	_____
<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	\$ _____	_____ %	\$ _____	\$ _____	_____	_____
SUBTOTALS \$									9000.00 \$	0 \$	0 \$

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

Schedule B Summary

- Loans received this period \$ 9000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 9000.00**
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 E Payments Made

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

Statement covers period
from 1-1-10
through 9-30-10

Page of
I.D. NUMBER
1331324

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jonathan Leone for City Council 2010

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
Indie Politics [REDACTED] San Rafael, CA 94901	CMP		Signs	\$1140.12
Marin Women's Political Action Committee [REDACTED] Kentfield, CA 94914	FND			\$100.00
Indie Politics [REDACTED] San Rafael, CA 94901	CNS			\$2000.00

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6823.55
- Unitemized payments made this period of under \$100 \$ 195.69
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 7019.24

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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Jonathan Leone for City Council 2010

Statement covers period from 1-1-10 through 9-30-10 Page _____ of _____

I.D. NUMBER: 1331324

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	REF	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	TSE	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
Sausalito Parks and Recreation Department Sausalito, CA 94965	FND			\$184.00
Indie Politics San Rafael, CA 94901	CNS			\$2000.00
Indie Politics San Rafael, CA 94901	CMP		Remit Design	\$50.00
Studio 333 (Christopher Holbrook, owner) Sausalito, CA 94965	FND			\$600.00
Sidney Erthal Larkspur, CA 94939	LIT			\$125.00

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

SUBTOTAL \$ 2959.00

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

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

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

Statement covers period
from 1-1-10
through 9-30-10

Page _____ of _____
I.D. NUMBER
1331324

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jonathan Leone for City Council 2010

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 |
| FL | 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
BevMo [REDACTED] Greenbrae, CA 94904	FND			\$148.04
Federal Express Office [REDACTED] Sausalito, CA 94965	LIT			\$476.39

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

SUBTOTAL \$ 624.43

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

Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 1-1-10
through 9-30-10
Page of
I.D. NUMBER
1331324

Jonathan Leone for City Council 2010

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9-30-10	Christopher Holbrook (owner, Studio 333) [REDACTED] Sausalito, CA 94965	Refund for unused catered food at 9-30-10 event at Studio 333	\$150.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 150.00

Schedule I Summary

- Itemized increases to cash this period. \$ 150.00
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 150.00**