

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Date Stamp
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OCT - 1 2010
CITY OF SAUSALITO

Page 1 of 7
For Official Use Only

Type or print in ink.

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

Date of election if applicable: (Month, Day, Year) 11/2/10 CITY OF SAUSALITO

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Re-elect Herb Werner

I.D. NUMBER 27-3209433

STREET ADDRESS (NO P.O. BOX) ~~Sausalito~~
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE 415-452-4000
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

Treasurer(s)

NAME OF TREASURER Cathy Stierhoff
MAILING ADDRESS ~~Sausalito~~
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE 415-452-4000
NAME OF ASSISTANT TREASURER, IF ANY _____
MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 _____ Date 10-1-10
Executed on _____ Date _____
Executed on _____ Date _____
Executed on _____ Date _____

By [Redacted] Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Herb Weiner

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
~~10000 Sausalito~~ 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="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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Herb Weiner

Statement covers period

from 1/1/10

through 9/30/10

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I.D. NUMBER

27-3209433

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,349</u>	\$ <u>1,349</u>
2. Loans Received Schedule B, Line 3	\$ <u>3,861</u>	\$ <u>3,861</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5,210</u>	\$ <u>5,210</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>5,210</u>	\$ <u>5,210</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>988</u>	\$ <u>988</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>988</u>	\$ <u>988</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>988</u>	\$ <u>988</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>5,210</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>988</u>
15. Cash Payments Column A, Line 8 above	\$ <u>4,222</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,976</u>

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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	\$ <u>5,210</u>
21. Expenditures Made	\$ <u>988</u>

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
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

*Amounts in this section may be different from amounts reported in Column B.

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).

**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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Herb Weiner

I.D. NUMBER

27-3209433

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)
8/23/10	Buddy DeBruyn ██████████ 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 employed Realtor	\$100	\$100	\$100
9/19/10	Paula Fancher ██████████ 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 employed Attorney	\$100	\$100	\$100
9/20/10	I.D.E.S.S.T. ██████████ Sausalito CA 94965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	\$100
9/20/10	Edwin Klink ██████████ 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	\$125	\$125	\$125
9/20/10	Christine Klink ██████████ Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$125	\$125	\$125
SUBTOTAL \$				550		

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 850
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 499
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,349

*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**

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

SCHEDULE A (CONT.)

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

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**CALIFORNIA 460
FORM**

NAME OF FILER		I.D. NUMBER				
<u>Herb Wener</u>		<u>27-3209433</u>				
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)
9/20/10	James DeRomer ██████████ Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, software Dev. Company	\$100	\$100	\$100
9/20/10	Carol DeRomer ██████████ Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Mgr	\$100	\$100	\$100
9/20/10	SF Bay Whale Watch Club ██████████ Sausalito CA 94965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	\$100
				SUBTOTAL \$ 300		

*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Herb Weiner

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

Page 6 of 7
I.D. NUMBER

(a) FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(b) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(c) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(d) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(h) ORIGINAL AMOUNT OF LOAN	(i) CUMULATIVE CONTRIBUTIONS TO DATE
<i>Herb Weiner</i> San Jose <i>Sausalito CA 94965</i>	<i>Candidate</i>	\$ 0	\$ 3861	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 3861 1/31/11 DATE DUE	% RATE	\$ 3861 9/10 DATE INCURRED	\$ 3861 PER ELECTION** \$ 3861
<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	\$ PER ELECTION**
<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	\$ PER ELECTION**
SUBTOTALS \$								\$

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

Schedule B Summary

- Loans received this period \$ 3861
(Total Column (b) plus unitemized loans 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 \$** 3861
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

**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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Herb Weiker

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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.
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
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 PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

*Registrar of Voters
County of Marin*

*Mi Pueblo
~~San Rafael~~ CA 94901*

*Paula Fancher
~~San Rafael~~ CA 94905*

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>FIL</i>			<i>\$187</i>
<i>CMP</i>			<i>\$120</i>
<i>CMP</i>		<i>Reimburse for supplies</i>	<i>\$427</i>

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 734
2. Unitemized payments made this period of under \$100 \$ 254
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 988