

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Joan Cox	Date Stamp RECEIVED OCT 29 2010	Date of This Filing 10-28-2010	CONTRIBUTOR CODE *	AMOUNT RECEIVED
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1328911	Report No. 1	<input checked="" type="checkbox"/> IND	7680.00
STREET ADDRESS	STATE CA	<input type="checkbox"/> Amendment to Report No. (explain below)	<input type="checkbox"/> COM	<input checked="" type="checkbox"/> Check if Loan Provide interest rate _____%
Sausalito	ZIP CODE 94965	No. of Pages 2	<input type="checkbox"/> OTH	<input type="checkbox"/> Check if Loan Provide interest rate _____%
			<input type="checkbox"/> PTY	<input type="checkbox"/> Check if Loan Provide interest rate _____%
			<input type="checkbox"/> SCC	

CALIFORNIA FORM 497
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CITY OF SAUSALITO

1. Contribution(s) Received

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
10-28-2010	Joan Cox	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Wulfsberg Reese Colvig & Firstman	7680.00 <input checked="" type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

*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

Reason for Amendment: _____