

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA FORM 460**

Date Stamp  
**RECEIVED**  
[Redacted]  
CITY OF SAUSALITO  
JAN 31 2011

Page [Redacted] of [Redacted]  
For Official Use Only

Type or print in ink.

Statement covers period from 10-17-10 through 12-31-10

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

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
- 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

I.D. NUMBER  
1331324

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

### Treasurer(s)

NAME OF TREASURER  
Vicki Nichols  
MAILING ADDRESS  
[Redacted]

STREET ADDRESS (NO P.O. BOX)  
[Redacted]  
CITY Sausalito STATE CA ZIP CODE 94965 AREA CODE/PHONE [Redacted]  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[Redacted]  
CITY N/A STATE N/A ZIP CODE N/A AREA CODE/PHONE N/A  
OPTIONAL: FAX / E-MAIL ADDRESS  
jonathan@jonathanleone.com

NAME OF ASSISTANT TREASURER, IF ANY  
N/A  
MAILING ADDRESS  
N/A  
CITY N/A STATE CA ZIP CODE 94965 AREA CODE/PHONE [Redacted]  
OPTIONAL: FAX / E-MAIL ADDRESS  
N/A

### 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 January 31, 2011 Date  
Executed on January 31, 2011 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

[Redacted Signature]  
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  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA **460**  
FORM

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) CITY STATE ZIP  
[REDACTED] 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

Statement covers period  
10-17-10  
from  
12-31-10  
through

CALIFORNIA  
FORM

460

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1331324

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jonathan Leone for City Council 2010

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>			
1. Monetary Contributions	Schedule A, Line 3	\$ 2165.00	\$ 3914.00
2. Loans Received	Schedule B, Line 3	11000.00	20000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	13165.00	23914.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	132.61
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	13165.00	24046.61

<b>Expenditures Made</b>			
6. Payments Made	Schedule E, Line 4	\$ 14280.77	\$ 22455.70
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	14280.77	22455.70
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4486.78	4486.78
10. Nonmonetary Adjustment	Schedule C, Line 3	0	132.61
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	18767.55	27075.09

<b>Current Cash Statement</b>			
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2824.07	
13. Cash Receipts	Column A, Line 3 above	13165.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0	
15. Cash Payments	Column A, Line 8 above	14280.77	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	1708.30	

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
<b>Cash Equivalents and Outstanding Debts</b>		
18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 24486.78

## 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 \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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.

Statement covers period  
from 10-17-10  
through 12-31-10  
Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jonathan Leone for City Council 2010

I.D. NUMBER  
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)
10-18-10	James DeLano [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	250.00		
10-18-10	John Nichols [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	Controller Water Components & Building Supply, Inc.	100.00		
10-28-10	Susan Colsky [REDACTED] San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Colsky Media	150.00		
10-28-10	Richard Colsky [REDACTED] San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Colsky Media	150.00		
10-31-10	Jim Osborn [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	250.00		
<b>SUBTOTAL \$</b>				<b>900.00</b>		

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1900.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 265.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2165.00

\*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**

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

SCHEDULE A (CONT.)

Statement covers period  
from 10-17-10  
through 12-31-10

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**CALIFORNIA  
FORM 460**

NAME OF FILER  
**Jonathan Leone for City Council 2010**

I.D. NUMBER  
**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)
11-2-10	Carol Peltz 47 Creechdale Lane 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	200.00		
11-2-10	John Pettitt 107 Cleveland Road 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 - Digital Communications	100.00		
11-9-10	Ray Gergus 60 W. [REDACTED] Avenue 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		
11-9-10	Tom Giantano 720 [REDACTED] [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	Owner Gene Hiller, Inc.	150.00		
11-24	Dick Seashore 220 [REDACTED] [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	200.00		
<b>SUBTOTAL \$</b>				<b>750.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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 10-17-10  
through 12-31-10

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FORM**

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I.D. NUMBER

1331324

NAME OF FILER

Jonathan Leone for City Council 2010

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)
11-28-10	Yoshi Tome [REDACTED] San Rafael, CA 94903-3832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sushi Ran Restaurant	250.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>	250.00	

\*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

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

**Schedule B - Part 1**  
**Loans Received**

Statement covers period  
 from 10-17-10  
 through 12-31-10

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 I.D. NUMBER  
1331324

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Jonathan Leone for City Council 2010

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* <input type="checkbox"/> PAID \$ <u>    </u> <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	(e) INTEREST PAID THIS PERIOD RATE	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR \$ <u>20000.00</u> PER ELECTION** \$ <u>20000.00</u>
Jonathan Leone 316 Third Street Sausalito, CA 94965		\$ 9000.00	\$ 11000.00	\$ 0	20000	%	\$ 9000.00 9-13-10	\$ 20000.00 20000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<b>SUBTOTALS \$ 11000.00 \$ 0 \$ 20000.00 \$ 0</b>								

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

**Schedule B Summary**

- Loans received this period ..... \$ 11000.00  
 (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 \$** 11000.00  
 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 10-17-10	through 12-31-10
Page _____ of _____	
I.D. NUMBER 1331324	

**CALIFORNIA  
FORM  
460**

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.                                  | IMBR | 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
Indie Politics 282 Linden Lane San Rafael, CA 94901	CMP		Campaign signs & wires	1318.62
Indie Politics 282 Linden Lane San Rafael, CA 94901	CMP		Remit Envelopes	249.80
Indie Politics 282 Linden Lane San Rafael, CA 94901	LIT		Walking materials	1270.13

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

**SUBTOTAL \$ 2838.55**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 14098.11
- Unitemized payments made this period of under \$100 ..... \$ 182.66
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 14280.77**



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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA <b>460</b> FORM
from	10-17-10	
through	12-31-10	Page _____ of _____
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1331324

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
Saylor's 2009 Bridgeway Sausalito, CA 94965	FND		Election Night Celebration	345.00
Indie Politics 282 Linden Lane San Rafael, CA 94901	CNS		Consultation & Campaign Buttons	2217.95
Indie Politics 282 Linden Lane San Rafael, CA 94901	WEB		Website development and maintenance	750.00
Indie Politics 282 Linden Lane San Rafael, CA 94901	LIT		Campaign Mailer	3623.35
Political Data 825 S. Victory Burbank, CA 91502	CMP		Walk Lists	510.76

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

**SUBTOTAL \$ 7447.06**

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

SCHEDULE E (CONT.)

Type or print in ink.  
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Statement covers period

from 10-17-10

through 12-31-10

CALIFORNIA 460  
FORM

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I.D. NUMBER  
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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                  | 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  | 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 282 Linden Lane San Rafael, CA 94901	LIT		Campaign Mailer	3538.73
Federal Express Office 2400 Bridgeway Sausalito, CA 94965	LIT		Copying	273.77
<b>SUBTOTAL \$</b>				<b>3812.50</b>

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

