

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 7/01/2010
through 12/31/2010

Date of election if applicable:
(Month, Day, Year)
11/03/2009

CITY OF SAUSALITO

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CALIFORNIA
2001/02
FORM

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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
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
☐ Amendment (Explain below)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ 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

Treasurer(s)

NAME OF TREASURER

Anne Teller

MAILING ADDRESS

PO BOX 2000

STREET ADDRESS (NO P.O. BOX)

PO BOX 2000

CITY

Sausalito

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

PO BOX 2000

CITY

Sausalito

OPTIONAL: FAX / E-MAIL ADDRESS

STATE CA ZIP CODE 94965 AREA CODE/PHONE 415-000-0000

CITY Sausalito STATE CA ZIP CODE 94966 AREA CODE/PHONE 415-000-0000

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE CA ZIP CODE 94966 AREA CODE/PHONE 415-000-0000

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 1/27/11 Date

Executed on 1-27-11 Date

Executed on Date

Executed on Date

By

By

By

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

**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			
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
601 Valley Street	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 PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>7/01/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460	Page <u>3</u> of <u>4</u>
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 \$	10696.00
2. Loans Received	Schedule B, Line 3	29000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$	39696.00
4. Nonmonetary Contributions	Schedule C, Line 3	39.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$	39735.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$	37260.00
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	37260.00
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 \$	37260.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$	2436.00
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	2436.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 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

19. Outstanding Debts

See instructions on reverse

Add Line 2 + Line 9 in Column B above

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 / /

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

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 7/01/2010
through 12/31/2010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carolyn Ford

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I.D. NUMBER

1322115

FULL NAME, STREET ADDRESS AND ZIP CODE (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 [REDACTED] Sausalito CA 94965 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$ 29000.00	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN 0	\$ 29000.00 DATE DUE	0 % \$ 0	\$ 2000.00 7/20/09 DATE INCURRED	CALENDAR YEAR \$ 29000.00 PER ELECTION ** \$ 29000.00
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN	\$ DATE DUE	% \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN	\$ DATE DUE	% \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
SUBTOTALS \$		\$	\$	\$	\$	\$	\$	\$

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

Schedule B Summary

- Loans received this period \$.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$.00
(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 \$.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
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.