

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 3

For Official Use Only

Date Stamp

RECEIVED

JAN - 9 2017

TOWN OF SAN ANSELMO

Statement covers period  
from 07/01/2016  
through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)  
November 5, 2013

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  
1357776

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Re-Elect Tom McInerney for Town Council 2013

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Anselmo CA 94960

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Linda Yamane

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
San Anselmo CA 94960

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 January 2, 2017  
Date

Executed on Jan. 5, 2017  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Assistant Treasurer

By \_\_\_\_\_  
Proprietor or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

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

Thomas M. McInerney

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

San Anselmo Town Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Anselmo CA 94960

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 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 SUPPORT OPPOSE

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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<br>from <u>07/01/2016</u><br>through <u>12/31/2016</u> | CALIFORNIA<br>FORM <b>460</b><br>Page <u>3</u> of <u>3</u> |
|  | I.D. NUMBER<br><b>1357776</b>                              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Tom McInerney for Town Council 2013

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0</u>  | \$ <u>0</u>                                |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>0</u>  | \$ <u>0</u>                                |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>0</u>  | \$ <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 | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>0</u>  | \$ <u>110</u>                              |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>0</u>  | \$ <u>110</u>                              |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>0</u>  | \$ <u>110</u>                              |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |               |
|--|---------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>333</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>0</u>      |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | <u>0</u>      |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | <u>0</u>      |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>333</u> |

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

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.

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|--|-------------|

**Cash Equivalents and Outstanding Debts**

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