

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED	CALIFORNIA FORM 460
SEP 23 2015	Page <u>1</u> of <u>7</u>
TOWN OF SAN ANSELMO	For Official Use Only

Statement covers period
from 7/1/15
through 9/19/15

Date of election if applicable:
(Month, Day, Year)
11/3/15

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
1379180

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

San Anselmo Together, No on Measure D,
Yes on Measure E Committee

STREET ADDRESS (NO P.O. BOX)

CITY San Anselmo STATE CA ZIP CODE 94960 AREA CODE/PHONE [REDACTED]

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

CITY San Anselmo STATE CA ZIP CODE 94979 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) Wade Stevenson

NAME OF TREASURER

MAILING ADDRESS

San Anselmo CA 94960
CITY STATE ZIP CODE

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 9/23/15
Date

By [REDACTED]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

Town of San Anselmo Measure

BALLOT NO. OR LETTER <i>E D</i>	JURISDICTION <i>San Anselmo</i>	<input checked="" type="checkbox"/> SUPPORT <i>E</i> <input checked="" type="checkbox"/> OPPOSE <i>D</i>
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 from <u>7/1/15</u> through <u>9/19/15</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1379180</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Anselmo Together, No on Measure D, Yes on Measure E Committee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,475.00</u>	\$ <u>3,475.00</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,475.00</u>	\$ <u>3,475.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,475.00</u>	\$ <u>3,475.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>1,374.57</u>	\$ <u>1,374.57</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,374.57</u>	\$ <u>1,374.57</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>1,374.57</u>	\$ <u>1,374.57</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>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	<u>3,475.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>1,374.57</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,100.43</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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*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.

SCHEDULE A

Statement covers period from <u>7/1/15</u> through <u>9/19/15</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>San Anselmo Together, No on Measure D, Yes on Measure E Committee</u>	I.D. NUMBER <u>1379180</u>
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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)
7/25/15	Katie Rice For Supervisor 2016 [REDACTED], SA 94960	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
7/25/15	Katie Rice [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor Marin County	150.00	150.00	
7/29/15	Carla Overberger [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/3/15	John Wright [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Wells Fargo	250.00	250.00	
8/6/15	Matt Storms [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Keegan + Coppin	500.00	500.00	
SUBTOTAL \$				<u>1,600.00</u>	<u>1,600.00</u>	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,050.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 425.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,475.00

*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 <u>7/1/15</u> through <u>9/19/15</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>San Anselmo Together, No on Measure D, Yes on Measure E Committee</u>	I.D. NUMBER <u>1379180</u>
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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)
8/13/15	Tom McInerney [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ogletree, Deakins, Nash	500.00	500.00	
8/13/15	Nancy Vernon [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aide Marin County	100.00	100.00	
8/13/15	Jan West [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/ Volunteer	100.00	100.00	
8/13/15	Nelson Branco [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatrician Tamalpais Pediatrics	100.00	100.00	
8/16/15	Vincent Derman [REDACTED] Corte Madera, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self	100.00	100.00	
SUBTOTAL \$					900.00	900.00

*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		CALIFORNIA FORM 460
from <u>7/1/15</u>	through <u>9/19/15</u>	
		Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
<u>San Anselmo Together, No on Measure D, Yes on Measure E Committee</u>		<u>1379180</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)
8/25/15	Robert Lewis [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
9/1/15	Kay Coleman [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
9/14/15	Leona Thoelecke [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
9/14/15	John Sullivan [REDACTED] San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$					550.00	550.00

*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 E
Payments Made**

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

Statement covers period from <u>7/1/15</u> through <u>9/19/15</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>7</u>	I.D. NUMBER <u>1379180</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Anselmo Together, No on Measure D, Yes on Measure E Committee

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 |
| 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
<u>Kathy Schaefer</u> [REDACTED] <u>San Anselmo, CA 94960</u>	<u>LIT</u> <u>OFC</u> <u>POS</u>		<u>744.01</u>
<u>Scan Art</u> [REDACTED] <u>Emeryville, CA 94608</u>	<u>LIT</u>		<u>174.11</u>
<u>MV Campaign Store</u> [REDACTED] <u>Louisville, KY 40222</u>	<u>CMP</u>		<u>373.76</u>

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

SUBTOTAL \$ 1,291.88

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1,291.88</u>
2. Unitemized payments made this period of under \$100	\$ <u>82.69</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1,374.57</u>