Recipient Committee				COVER PAGE
Campaign Statement Cover Page	Type or print in	ink.	Date Stamp Received	CALIFORNIA 460 2001/02 FORM
Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 8/9/11 through 9/24/11	Date of election if applicable: (Month, Day, Year)  11/8/11	SEP 29 2011 Town of San Anselmo	Page 1 of 6
I. Type of Recipient Committee: All Committees -	Complete Bests 4, 2, 2, and 4	2. Type of Statement:		
✓ 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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To	Specing Supprermination) State	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	=)	NAME OF TREASURER		
Lori J Lopin		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
CITY STATE ZIP C San Anselmo CA 949	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUL	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	ВОХ	MAILING ADDRESS		,
CITY STATE ZIP (	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<del>-</del>	OPTIONAL: FAX / E-MAIL ADDR	RESS	-
Verification     I have used all reasonable diligence in preparing and reviewi under penalty of perjury under the laws of the State of Califor	ng this statement and to the best of my kn nia that the foregoing is true and correct.	owledge the information contained he	rein and in the attached schedu	les is true and complete. I certify
Executed on	Ву	Signature of Treesurer or Assistant	Treasurer	
Executed on	BySignature of Co	ontrolling omcenoidely candidate, otate tyressare	nent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	itate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Condidate S	tota Maneura Pranapant	

Recipient Committee Campaign Statement Cover Page — Part 2

CALII FO		460
Page _	2 .	of6

. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Lori J Lopin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
San Anselmo Town Council			·				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  San A	CITY STATE ZIP  Anselmo CA 94960		Identify the controlling office	ceholder, can	didate, or sta	te measure p	roponent, if any.
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this S not included in this statement that are controlled by your contributions or make expenditures on behalf of your	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		E	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		<del></del>		L		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	primarily forme	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		* Attac	h continuatio	n sheets if ne	ecessary	

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

				SUMM	IARY PA	\GE
Stateme	ent covers period 8/9/11		FORNI ORM	A	460	0
through	9/24/11	Page _	3	of _	6	-
		I.D. N	UMBER			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lori J Lopin Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 304.00 304.00 20. Contributions .00 \$\_\_\_\_ .00 Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures .00 \_\_\_\_\_\_\_ 304.00 304.00 304.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 304.00 304.00 **Candidates** 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 304.00 304.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 304.00 304.00 **Current Cash Statement** .00 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B, add 304.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 304.00 15. Cash Payments ...... Column A, Line 8 above Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement covers period 8/9/11 from		california 460 FORM		
SEE INSTRUCTIO	DNS ON REVERSE			through9	/24/11	Page	4 of6	
NAME OF FILER						I.D. NU	JMBER	
Lori J Lop	in							
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/6/11	Lori J Lopin San Anselmo, CA 94960	☑IND □COM □OTH □PTY □SCC	Lopin Enterprises, Inc. dba The Graphic Source	304.00	304.	00	304.00	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC	,					
			SUBTOTAL\$	304.00				
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions.  Schedule A subtotals.)			304.00	IND - COM	(other		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			304.00	PTY-	– Politica		
// WA FILLO	or and a lancer hore and on the building rage, bold	, EIIIG 1.)	IVIAL 9			FPPC	Form 460 (January/05)	

### Schedule E

Type or print in ink.

		SCHEDULEE
Statem	ent covers period	CALIFORNIA / CO
from	8/9/11	FORM 400
through .	9/24/11	Page5 of6
<u> </u>		I.D. NUMBER

Payments Made	Amounts may be rounded to whole dollars.	from8/9/	11 FORM 4	OU
SEE INSTRUCTIONS ON REVERSE		through9/2	4/11 Page 5 of 6	<u> </u>
NAME OF FILER			I.D. NUMBER	
Lori J Lopin				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions MTG meetings and appearances campaign consultants office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FIL	Filing Fee CK#4603	25.00
FIL	Ballot Fee CK#4604	210.00
	Campaign Workshop 9/6/11 CK#9659	25.00
	FIL	FIL Filing Fee CK#4603  Ballot Fee CK#4604  Campaign Workshop 9/6/11

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 260.00 **Schedule E Summary** 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 ......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

304.00

# Schedule E

Type or print in ink

SCHEDULE E	(CONT.)
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(Continuation Sheet) Payments Made	Amounts may be	Amounts may be rounded to whole dollars.		Statement covers	FOR	RM 460
SEE INSTRUCTIONS ON REVERSE				through 9/24/	Page	6 of 6
NAME OF FILER  Lori J Lopin					I.D. NUME	BER
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researd very and mes	3	RAD radio airtime and RFD returned contrib SAL campaign worke TEL t.v. or cable airti TRC candidate travel, STAF transfer between VOT voter registration	d production costs utions ers' salaries me and production cost, lodging, and meals yel, lodging, and meals n committees of the sai	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Marin Women's Political Action Committee			Reception/Endo CK#9659	rsement Night 9/12/1	1	20.00

Marin Women's Political Action Committee		Reception/Endorsement Night 9/12/11 CK#9659	20.00
Marin County Registrar of Voters	CMP	Voter info on CD	24.00

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

**SUBTOTAL \$** 

44.00

Executed on \_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

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

COVER PAGE - PART 2					
CALII FO	FORNIA DRM	460			
Page_	2 .	of 6			

	trolled Committee		U.	<b>Primarily Formed Ballo</b>	r measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Lori J Lopin								
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	TF	SUPPORT
San Anselmo Town Council								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AI	ND STREET) CITY	STATE ZIP			<u> </u>			
236 Butterfield Rd	San Anselmo	CA 94960		Identify the controlling office	ceholder, ca	ndidate, or state	measure	proponent, if an
· · · · · · · · · · · · · · · · · · ·		0,7, 0,1000		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PI	ROPONENT		
Related Committees Not Includ	ed in this Statement	List one samulities						
not included in this statement that are co	ontrolled by you or are prima	arily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. I	F ANY
contributions or make expenditures on b	ehalf of your candidacy.							
COMMITTEENAME	I.D. NUMB	P-1-				l		
COMMINITY LE NAME	I.D. NOME	BER			· · · · · · · · · · · · · · · · · · ·			
OCIVILATE TECHNIC	I.D. NOME	SER .						
			7.	Primarily Formed Cand	idate/Offic	seholder Com	mittoo /:	-4
	CONTROL	LED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	ceholder Com	mittee Li. imarily form	st names of ed.
NAME OF TREASURER	CONTROL	LED COMMITTEE?		officeholder(s) or candidate(s)	for which the	is committee is pr	imarily form	st names of ed.
NAME OF TREASURER	CONTROL	LED COMMITTEE?		Primarily Formed Cand officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	for which the	ceholder Comis committee is pri	imarily form	ed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD	CONTROL  YES  DRESS (NO P.O. BOX)	LED COMMITTEE?		officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	for which the	is committee is pr	imarily form	ed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD	CONTROL	LED COMMITTEE?		officeholder(s) or candidate(s)	for which the	is committee is pr	imarily form	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY	CONTROL  YES  DRESS (NO P.O. BOX)  STATE ZIP CODE	LED COMMITTEE? NO AREA CODE/PHONE		officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	for which the	OFFICE SOUGHT	imarily form	ed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY	CONTROL  YES  DRESS (NO P.O. BOX)	LED COMMITTEE? NO AREA CODE/PHONE		Officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	for which the	OFFICE SOUGHT	rimarily form	SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY	CONTROL  YES  DRESS (NO P.O. BOX)  STATE ZIP CODE	LED COMMITTEE? NO AREA CODE/PHONE		officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	for which the	OFFICE SOUGHT	rimarily form	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY  COMMITTEE NAME	CONTROL  YES  DRESS (NO P.O. BOX)  STATE ZIP CODE	LED COMMITTEE? NO AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT  OFFICE SOUGHT  OFFICE SOUGHT	T OR HELD  T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY  COMMITTEE NAME	CONTROL  YES  DRESS (NO P.O. BOX)  STATE ZIP CODE	LED COMMITTEE?  NO  AREA CODE/PHONE  ER  LED COMMITTEE?		Officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT	T OR HELD  T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY  COMMITTEE NAME  NAME OF TREASURER	CONTROL  YES  DRESS (NO P.O. BOX)  STATE ZIP CODE  I.D. NUMB  CONTROL	LED COMMITTEE?  NO  AREA CODE/PHONE  ER  LED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT  OFFICE SOUGHT  OFFICE SOUGHT	T OR HELD  T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD  CITY  COMMITTEE NAME  NAME OF TREASURER	CONTROL  TYES  DRESS (NO P.O. BOX)  STATE ZIP CODE  I.D. NUMB  CONTROL  TYES	LED COMMITTEE?  NO  AREA CODE/PHONE  ER  LED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT  OFFICE SOUGHT  OFFICE SOUGHT	T OR HELD  T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	nt covers period 8/9/11	CALIFORNIA 460 FORM
through	9/24/11	Page3 of6
		I.D. NUMBER

SHMMARY PAGE

NAME OF FILER Lori J Lopin **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 304.00 304.00 Loans Received ...... Schedule B. Line 3 304.00 20. Contributions 304.00 304.00 Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 304.00 304.00 304.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** 304.00 6. Payments Made ...... Schedule E, Line 4 \$ \_\_\_\_\_ **Candidates** 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 304.00 304.00 (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 304.00 s 304.00 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_ To calculate Column B. add 304.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 304.00 15. Cash Payments ...... Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCH	EDIII	FR-	PART 1

Schedule B - Part	1
Loans Received	

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

	SCHEDULE B- FAIT
Statement covers pe	california 460
from8/9/11	FORM 400
through9/24/11	Page 4 of 6
	LD NUMBER

Loans Received		to whole dollar			from	9/11	FORM	. 100
CET INCTOLICTIONS ON DEVEDOS					through9	/24/11	Page 4	of6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Lori J Lopin								
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Lori J Lopin 236 Butterfield Rd San Anselmo CA 94960	Lopin Enterprises, Inc. dba The Graphic Source, President and CFO	.00	s 304.00	PAID  S  FORGIVEN  S	s 304.00	% RATE	\$ _304.00	\$ 304.00
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		9	<b>4</b>	<u> </u>	DATE DUE	V	DATE INCURRED	,
				\$ FORGIVEN	s	RATE %	\$	\$PER ELECTION
↑ IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  \$ FORGIVEN	s	RATE	\$	\$ PER ELECTION
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$ 304.00	\$	\$ 304.00	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	304.00	_	Contributor Codo	
(Total Column (b) plus unitemized loan  2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)			\$		- IN C	OTH ~ Other (e.g., PTY – Political Part	ommittee PTY or SCC) , business entity
				VICT A	304.00	S	CC – Small Contri	outor Committee

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 504.00 (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2. \*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E	
Payments Made	

Statement covers period	CALIFORNIA / CO
from8/9/11	FORM 460
through9/24/11	Page56
	I.D. NUMBER

Type or print in ink.  Amounts may be rounded to whole dollars.  EE INSTRUCTIONS ON REVERSE		from	from		ORNIA 460		
NAME OF FILER  Lori J Lopin				through		Page	01
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunications of appearance uses ulating s survey resear	es	RAD radio a RFD returne SAL campai TEL t.v. or o TRC candida TRS staff/sp TSF transfel VOT voter re	e the payment.  Intime and production of contributions gn workers' salaries able airtime and producte travel, lodging, and between committees gistration technology costs	uction costs meals and meals of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAY	ЛЕNT		AMOUNT PAID
Town of San Anselmo		FIL	Filing Fee CK#4603				25.00
Marin County Registrar of Voters		FIL	Ballot Fee CK#4604				210.00
Marin Women's Political Action Committee			Campaign Work CK#9659	shop 9/6/11			25.00
* Payments that are contributions or independent expenditures m	nust also be summ	arized on S	chedule D.		SUE	BTOTAL\$	260.00
Schedule E Summary						7	
1. Itemized payments made this period. (Include all Schedule						\$	304.00
2. Unitemized payments made this period of under \$100						¢	

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	304.00
	. Unitemized payments made this period of under \$100	\$_	
	. 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.)	¢ _	304.00

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

Type or print in ink.

Amounts may be rounded to whole dollars.

	OUTEDOZZ Z (COTT)
Statement covers period	california 460
from8/9/11	FORM TOO
9/24/11	Page66
	I.D. NUMBER

	through	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
Lori J Lopin		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)\* t.v. or cable airtime and production costs TEL petition circulating PET CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL transfer between committees of the same candidate/sponsor fundraising events FND postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS voter registration VOT professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

	CK#9659	20.00
СМР	Voter info on CD	24.00
	CMP	Reception/Endorsement Night 9/12/11 CK#9659  Voter info on CD

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

SUBTOTAL \$

44.00