					COVER PAGE	
Recipient Committee Campaign Statement	Type or print in	Type or print in ink.			CALIFORNIA 460	
Cover Page				J. Ramadilli		
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 3 1 2012	Page _	of 4	
	from7/01/2012					
SEE INSTRUCTIONS ON REVERSE	through12/31/2012	11/03/2009	ITY OF SAUSAU	ITO		
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	-	SECTION STATE STAT		
 ✓ 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 T ☐ Amendment (Explain b	ermination)	Quarterly State Special Odd-Y Supplemental Statement - At	⁄ear Report	
3. Committee Information	1.D. NUMBER 1322115	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER	the state of the s	An approximately communicate or travel APP color for the state and relations	etados (1900-1900) de Cinario e repertor es garbó (1900-1900) de cinario atamente para estribu	
Carolyn Ford Campalgn Committee Sausali	to City Council 2009	Anne Teller MAILING ADDRESS	aggewayd a galler a gwyd a y ffiliait ac may faw ol di argy fal yl a constant a bhill 1400 1400 1400 1400 1400	NEW PRINCE OF CHARLES A regularization consequent and all charged departments and charged the charged charged	Anderson in the second that the second and the seco	
STREET ADDRESS (NO P.O. BOX)		CITY Sausalito	STATE CA	ZIP CODE 94966	AREA CODE/PHONE 415-350-0944	
	APEA CODE/PHONE 415-332-3409	NAME OF ASSISTANT TREASL	IRER, IF ANY	PRE-Salar Marian Marian Programment Commission Commissi		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS	<u>ka Talan Kanada ka perjaman kanada kaha kepada perjaman kan pengan kan pengan kan pengan kanada dinagan dinagan </u>			
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Sausalito CA S OPTIONAL; FAX / E-MAIL ADDRESS	94966 415-332-3409	OPTIONAL: FAX / E-MAIL ADD	RESS		mayayas tirkin di Albanin as finda adalah gani pinak tirkin di Albanin di Albanin di Albanin di Albanin di Alba	
A. Marier allow						
4. Verification I have used all reasonable diligence in preparing and revunder penalty of perjury under the laws of the State of Ca	iewing this statement and to the best of my ki lifornia that the foregoing is true and correct.	nowledge the information contained hi	erein and in the attache	d schedules is true	e and complete. I certify	
Executed on	Ву подполнительного	Signature of Treatment of A Tiefe	Treasurer	RANGES (District Annie Stewer		
Executed on 7-30-12	BySignature of C	con the man action of the real party	اومو موالية النظام الموالية النظام الموالية النظام الموالية النظام الموالية الموالية الموالية الموالية الموالية	of Sponsor		
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	All-limper o summer emission di Maddeshall (1777-1774)		
Executed onDate	By Market By Market Control of the C	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	Markon Company (Markon Company)	FBB0 F 400 / Inn.	

Officeholder or Candidate Controlled Committee			imarily Formed Ball	ormed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Carolyn Foed							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			LLOT NO. OR LETTER	JURISDICTIC	ON		SUPPORT
City Council of Sausalito		No.					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP						
201A Valley Street	Sausalito CA 94965	janon	Identify the controlling officeholder, candidate, or state measure propone			proponent, if ar	
		NA	ME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
	I in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.	OF	FICE SOUGHT OR HELD		DI	STRICT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER					on additional days and the second design of the sec	
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 460				
from	7/01/2012	FORM 40U				
through _	12/31/2012	Page3 of4				
		I.D. NUMBER				

SHAMADY DAGE

NAME OF FILER Carolyn Ford 1322115 Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTALTO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 10696. 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2436. -26564. 2. Loans Received Schedule B, Line 3 20. Contributions -26564. 13132 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 39. 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 13171. -26564. Made **Expenditures Made Expenditure Limit Summary for State** 39696. 2436. 6. Payments Made Schedule E, Line 4 \$ Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 2436. 39696. 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 2436. 39696. **Current Cash Statement** 2436. 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 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 2436. 15. Cash Payments Column A, Line 8 above Column A may be negative .00. 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** any). 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)

	M	Type or print in i	ink				SCHE	DULEB-PART
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement covers period from			CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2012	Page4	of4
NAME OF FILER			······································			aleren geseren er	I.D. NUMBER	
Carolyn Ford							1322115	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Carolyn Ford	Retired			Ø PAID \$ 2436.		%	§ 2000.	calendar year \$ 29000.
Sausalito CA 94965		\$29000.	.00	FORGIVEN \$ 26564	DATE DUE	\$O	7/20/09 DATE INCURRED	\$ 29000.
TWIND COM OTH PTY SCC	·			☐ PAID	DATE DUE		DATE INCORRED	CALENDAR YEAR
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©		SUBTOTALS \$.00	\$ 29000	0. \$.00		o l	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loans		***************************************	•••••	\$.00.			
Loans paid or forgiven this period (Total Column (c) plus loans under \$100		***************************************	***************************************	\$	29000.		Contributor Codes ND – Individual COM – Reciplent Co (other than	

*Amounts forgiven or paid by another party also must be reported on Schedule A. *** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

(May be a negative number)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee