Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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 Candidate/Officeholder Committee
     (Also Complete Part 7)
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     (Also Complete Part 8)
   - Other

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1288213

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Nancy for Council

   STREET ADDRESS (NO P.O. BOX)
   [Redacted]

   CITY
   Monterey
   STATE
   CA
   ZIP CODE
   93940

   MAILING ADDRESS (DIFFERENT) NO. AND STREET OR P.O. BOX
   [Redacted]

   CITY
   Monterey
   STATE
   CA
   ZIP CODE
   93942

   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
   7/14/08
   By
   Nancy J.S. Dawson
   Signature of Treasurer of Candidate

   Executed on
   7/14/08
   By
   [Redacted]
   Signature of Controlling Officer, Candidate, State Measure Propounder

   Executed on
   [Redacted]
   By
   [Redacted]
   Signature of Coordinator, Candidate, State Measure Propounder

   Executed on
   [Redacted]
   By
   [Redacted]
   Signature of Coordinator, Candidate, State Measure Propounder

   Executed on
   [Redacted]
   By
   [Redacted]
   Signature of Coordinator, Candidate, State Measure Propounder

   FPPC Form 460 (January/05)
   FPPC Toll-Free Helpline: 866/ASK/FPPC (866/275-3772)
   State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Nancy Selfridge

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council of the City of Monterey

RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) CITY STATE ZIP
Monterey CA 93940

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?

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

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

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
Contributions Received

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$50.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$50.00</td>
</tr>
<tr>
<td>If this is a termination statement, Line 16 must be zero.</td>
<td></td>
</tr>
</tbody>
</table>

Cash Equivalents and Outstanding Debts

| Cash Equivalents                                                                | $0.00    |
| Outstanding Debts                                                              | $0.00    |