Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.6)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     (Also Complete Part 3)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     (Also Complete Part 3)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 3)
   - [ ] Primarily Formed Candidate/Officer/Committee
     (Also Complete Part 3)

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

3. Committee Information
   L.D. NUMBER 1288213
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Nancy for Council
   Selfridge
   STREET ADDRESS (NO P.O. BOX)
   CITY Monterey
   STATE CA
   ZIP CODE 93940
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   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 11/3/11
By Nancy Selfridge
Signature of Treasurer or Assistant Treasurer
FPPC Form 460 (January 06)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888.275-3772)
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, City of Monterey

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
Monterey

**CITY**
Monterey

**STATE**
CA

**ZIP**
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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**COMMITTEE ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SUPPORT</td>
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<tbody>
<tr>
<td>☐ SUPPORT</td>
<td>☐ OPPOSE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
## Contributions Received

| Description                        | Column A | Column B
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>-50</td>
<td>-50</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td></td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td></td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td></td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td></td>
</tr>
</tbody>
</table>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received: $\_\_\_\_\_\_
- Expenditures Made: $\_\_\_\_\_\_

## Expenditure Limit Summary for State Candidates

### Cumulative Expenditures Made

- Date of Election: mm/dd/yy
- Total to Date: $\_\_\_\_\_

*Amounts in this section may be different from amounts reported in Column B.*
### Schedule B - Part 1
**Loans Received**

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

**Statement covers period**

from 1/1/11 through 1/14/11

**CALIFORNIA FORM 460**

Page 4 of 4

**Name of Filer**

Nancy for Council

**ID. NUMBER**

1288213

<table>
<thead>
<tr>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Selfridge</td>
<td>School teacher MPUSD</td>
<td>$50</td>
<td>$0</td>
<td>$50</td>
<td>0%</td>
<td>$2,000</td>
<td>9/1/06</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ............................................................... $ 0

   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................. $ 50

   (Total Column (c) plus loans under $100 paid or forgiven.)

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

3. Net change this period. *(Subtract Line 2 from Line 1.)* ................. NET $ -50

   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.

**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

FPPC Form 460 (January/05)

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