

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<b>Statement covers period</b> from <u>7/1/04</u> through <u>9-30/04</u>		<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/02/04</u>		Date Stamp <b>DECEMBER</b> OCT - 5 2004 CITY OF COTATI CITY MANAGER/CITY CLERK	CALIFORNIA 2001/02 <b>FORM 460</b>
				Page _____ of _____ For Official Use Only	

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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored *(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee *(Also Complete Part 7)*

### 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

### 3. Committee Information

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

I.D. NUMBER

Geoff Fox

Treasurer(s)

Amy Fox

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER

NAME OF TREASURER

### 4.

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein and in the attached schedules is true and correct.

I acknowledge the information contained herein and in the attached schedules is true and complete.

Executed on 10/05/04  
Date

Executed on 10/05/04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Amy Fox  
Signature of Treasurer of Assessor/Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

Page \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Geoff Fox

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Costa Mesa City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
CA 92626

**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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY	STATE ZIP CODE	AREA CODE/PHONE

**6. 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 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	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE  
CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Geoff Fox**

Statement covers period  
from 7/1/04  
through 9/30/04

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 350.00	\$ 350.00
2. Loans Received .....	Schedule B, Line 7 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 0	\$ 0
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 350.00	\$ 350.00

## 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

6. Payments Made .....	Schedule E, Line 4 \$ 0	\$ 0
7. Loans Made .....	Schedule H, Line 7 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 479.55	\$ 479.55
10. Nonmonetary Adjustment .....	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 479.55	\$ 479.55

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 0	\$ 0
13. Cash Receipts .....	Column A, Line 3 above \$ 350.00	\$ 350.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0	\$ 0
15. Cash Payments .....	Column A, Line 8 above \$ 0	\$ 0
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 350.00	\$ 350.00

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0	\$ 0
18. Cash Equivalents .....	See instructions on reverse \$ 479.55	\$ 479.55
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ _____	\$ _____

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).

\*Since January 1, 2001, 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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 7/1/04  
through 10/05/04

SCHEDULE A  
CALIFORNIA  
FORM  
**460**

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

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)
9/17/04	Kaye Fox	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Bookkeeper	350.00	350.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

## Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 350.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 350.00

\* Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**CALLIFORNIA FORM 460**

SCHEDULE A (CONT.)

NAME OF FILER \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
(other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Statement covers period  
from \_\_\_\_\_ through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

FULL NAME, STREET ADDRESS AND ZIP CODE (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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION **
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION **

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
(May be a negative number)

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

† Contributor Codes  
 IND - Individual   COM - Recipient Committee (other than PTY or SCC)   OTH - Other   PTY - Political Party   SCC - Small Contributor Committee

# Schedule B - Part 2 Loan Guarantors

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

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

**CALIFORNIA  
FORM 460**

SCHEDULE B - PART 2

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____  DATE _____		\$ _____  PER ELECTION (IF REQUIRED)	CALENDAR YEAR _____  \$ _____  PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____  DATE _____		\$ _____  PER ELECTION (IF REQUIRED)	CALENDAR YEAR _____  \$ _____  PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____  DATE _____		\$ _____  PER ELECTION (IF REQUIRED)	CALENDAR YEAR _____  \$ _____  PER ELECTION (IF REQUIRED)
<b>SUBTOTAL \$</b>						

Enter on  
Summary Page,  
Line 17 only.

# Schedule C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	SCHEDULE C
I.D. NUMBER _____	

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>SUBTOTAL \$</b>							

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period  
from \_\_\_\_\_ through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**SCHEDULED CALIFORNIA FORM 460**

I.D. NUMBER \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>						

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)  
**CALIFORNIA  
FORM 460**

NAME OF FILER \_\_\_\_\_

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>						

# Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>CMF campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MTG meetings and appearances</li> <li>OFC office expenses</li> <li>PET petition circulating</li> <li>P-HO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL tv. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|--|---|--|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>SUBTOTAL \$</b>				

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

## Schedule E Summary

1. Payments made this period of \$100 or more. (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).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_



# Schedule F Accrued Expenses (Unpaid Bills)

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Statement covers period  
from \_\_\_\_\_ through \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OMP 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 communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<b>SUBTOTALS \$</b>					

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

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** \_\_\_\_\_
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** \_\_\_\_\_
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

**CALIFORNIA  
FORM 460**

SCHEDULE F (CONT.)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OMP campaign paraphernalia/misc.
- GNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<b>SUBTOTALS \$</b>					



# Schedule H Loans Made to Others\*

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

Statement covers period  
from \_\_\_\_\_ through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**CALIFORNIA FORM 460**

SCHEDULE H

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

FULL NAME, STREET ADDRESS AND ZIP CODE (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	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN					
		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	DATE INCURRED	CALENDAR YEAR
		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	DATE INCURRED	CALENDAR YEAR
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	DATE INCURRED	CALENDAR YEAR

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (a) on  
Schedule I, Line 3)

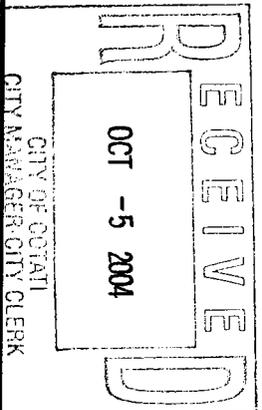
## Schedule H Summary

- Loans made this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans ..... \$ \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

**\*\*If Required**



# Recipient Committee Campaign Statement



CALIFORNIA  
FORM  
**460**

## The Form 460 is for use by ALL recipient committees, including:

### Candidates, Officeholders and Their Controlled Committees

- A candidate or officeholder who has a controlled committee, or who has raised or spent or will raise or spend \$1,000 or more during a calendar year in connection with election to office or holding office. The Form 460 is also required if \$1,000 or more will be raised or spent during the calendar year at the behest of the officeholder or candidate.

### Ballot Measure Committees

- A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year for the primary purpose of supporting or opposing the qualification, passage, or defeat of one or more ballot measures.

### Primarily Formed Candidate/Officeholder Committees

- A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year to support or oppose a single candidate or officeholder, or two or more candidates or officeholders who are being voted upon in the same city, county, or multi-county election. This type of committee is not controlled by the candidate(s) or officeholder(s).

### General Purpose Committees

- A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year to support or oppose various candidates and measures (e.g., political parties, political action committees).

Non-controlled committees that do not receive contributions, loans, or miscellaneous receipts totaling \$100 or more from a single source during a calendar year may use Form 450 – Recipient Committee Campaign Statement – Short Form.

### Use the Form 460 to file any of the following:

- Preelection Statement
- Semi-annual Statement
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement
- Termination Statement
- Amendment to a previously filed statement

For information on when and where to file statements, recordkeeping requirements, prohibitions and more, refer to the FPPC Campaign Disclosure Manual for your type of committee (available from your filing officer or the FPPC). Also see the manual for information required to be provided to you pursuant to the Information Practices Act of 1977. (See reverse for general guidance on where to file this form.)

**New Requirements:** Proposition 34 was passed by the voters in November 2000. State contribution limits are now in effect for candidates for State Senate and Assembly. Contributions received by committees for the purpose of making contributions to candidates for elective state office are also subject to limits. Candidates for statewide elective office are affected beginning 11/6/02. New reporting requirements and restrictions also apply.

Some provisions of Proposition 34 also affect local candidates. Detailed information about Proposition 34 is available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).

Other reporting changes enacted in 2000 have also been incorporated into the June/01 version of the Form 460.

This form was prepared by the Fair Political Practices Commission (FPPC). Copies of FPPC forms and informational materials are also available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).