

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8-1-2004
through 10-5-04

Date of election if applicable:
(Month, Day, Year)
11-2-04

OCT 5 2004
CITY OF COTATI
CITY MANAGER/CITY CLERK

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For Official Use Only

**CALIFORNIA
2001/02
FORM
460**

COVERPAGE

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:

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

1. Committee Information

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

PATTY MINNIS FOR COTATI CITY COUNCIL

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-2-04

Executed on _____

Executed on _____

Executed on _____

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

6. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Party Minors

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
COTATI CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] [REDACTED] [REDACTED]

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	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	JURISDICTION	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

8. 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"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

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**

Statement covers period
from JAN 2004
through 10-5-2004

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3 \$ <u>5000.00</u>	\$ _____
Loans Received	Schedule B, Line 7 \$ <u>0</u>	\$ _____
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>5000.00</u>	\$ _____
Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ _____
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>5000.00</u>	\$ _____

**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

Payments Made	Schedule E, Line 4 \$ <u>3159.37</u>	\$ _____
Loans Made	Schedule H, Line 7 \$ <u>0</u>	\$ _____
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>3159.37</u>	\$ _____
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ _____
Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ _____
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>3159.37</u>	\$ _____

**Expenditure Limit Summary for State
Candidates**

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

2. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0</u>	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).
3. Cash Receipts	Column A, Line 3 above \$ <u>5000.00</u>	
4. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	
5. Cash Payments	Column A, Line 8 above \$ <u>0</u>	
6. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>5000.00</u>	

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ 0

Cash Equivalents and Outstanding Debts

3. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
3. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

*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.

Statement covers period
from JAN 2004
through 10-5-2004

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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)
8-19-04	PATRY MINNIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COTATI JEWELERS	\$2,000.00		
9-13-04	PATRY MINNIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COTATI JEWELERS	\$2,000.00		
9-24-04	PATRY MINNIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COTATI JEWELERS	\$1,000.00		
SUBTOTAL \$				5000.00		

Schedule A Summary

Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5000.00

Amount received this period - unitemized contributions of less than \$100 \$ 0

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5000.00

*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 Jan 2004
through 10-5-2004

SCHEDULE A (CONT.)
CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. 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				
SUBTOTAL \$						

Contributor Codes
 ND - 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 3rd 2001
through 10-5-2001

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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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	CONTRIBUTOR CODES	
									IND	COM
<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 **
SUBTOTALS \$		\$ _____	\$ _____	\$ _____	DATE DUE _____	_____ % RATE	DATE INCURRED _____	CALENDAR YEAR _____	\$ _____	PER ELECTION **

Schedule B Summary

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

Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)

Loans paid or forgiven this period \$ 0
(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 \$** 0
(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 5 AM 2004
through 10-5-2004

SCHEDULE B - PART 2
CALIFORNIA FORM 460
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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 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	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		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		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		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	
SUBTOTAL \$						

Enter on Summary Page, Line 17 only.

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from JAN 2004
through 10-5-2004

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SCHEDULE C

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 TODAY (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					
				SUBTOTAL \$			

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.) \$ 0
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 0

*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 JAN 2004
 through 10-5-2004

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CALIFORNIA FORM 460

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				
SUBTOTAL \$						

Schedule D Summary

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

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.

SCHEDULED (CONT.)
CALIFORNIA
FORM
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Statement covers period
 from JAN 2004
 through 10-5-2004

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NAME OF FILER

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				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule E Payments Made

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

Statement covers period
from Jan 2004
through 10-5-2004

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**CALIFORNIA
FORM 460**

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KINKO'S ROHWERT PARK EXPOY ROHWERT PARK, 94928	MBR		FLYERS/PRINT ADS	163.94
HINES SIGNS OLD REDWOOD HWY COTATI, CA 94931	PRT		SIGNS	1579.99
COLLEGE CENTER COPIES E. COTATI AVE ROHWERT PARK CA 94928	LIT		PRINTADS/MAILERS	606.30
SUBTOTAL \$				2,350.23

* 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.) \$ 3159.37
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3159.37

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from JAN 2004
through 10-5-2004

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I.D. NUMBER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POST OFFICE ROXBURY PARK GA 304928	POS		POSTAGE	293.14
COLLEGE CENTER COPIES E. COTYAT, AVE COTYAT GA 304928	LIT		PRINT ADS	516. ⁰⁰

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

SUBTOTAL \$ 809.14

**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

Patty Winnis

Statement covers period
from JAN 2004
through 10-5-2004

I.D. NUMBER

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**CALIFORNIA
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SCHEDULE F

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

- WP campaign paraphernalia/misc.
- NS campaign consultants
- TB contribution (explain nonmonetary)*
- VC civic donations
- L candidate filing/ballot fees
- ND fundraising events
- D independent expenditure supporting/opposing others (explain)*
- IG legal defense
- T 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
SUBTOTALS \$					

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

Schedule F Summary

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 \$

[Signature]

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 \$

[Signature]

Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

[Signature]

May be a negative number

Schedule H Loans Made to Others*

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

SCHEDULE H
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from Jan 2001
through 10-5-2001

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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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR PER ELECTION**
				PAID	FORGIVEN						
		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	DATE INCURRED	CALENDAR YEAR	PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	DATE INCURRED	CALENDAR YEAR	PER ELECTION**
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____			

*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 (e) on
Schedule I, Line 3)

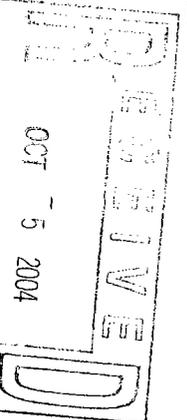
Schedule H Summary

- 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 \$** _____
(May be a negative number)

****If Required**

Recipient Committee Campaign Statement

File OCT 5



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.

alot 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 Preliminary 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 1/16/02. 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).

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).