

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA 460
2001/02
FORM

Statement covers period
from OCT 1
through OCT 16

Date of election if applicable:
(Month, Day, Year)
OCT 21 2004

Date Stamp
RECEIVE
CITY OF COVATI
CITY INVESTMENT CLERK

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:

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

3. Committee Information

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

ERIC KIRCHMANN

I.D. NUMBER

Treasurer(s)

Eric Kirckmann

STREET

CITY

MAILING

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

274

MAIL:

CITY

NAME OF ASSIGNIAN (REQUIRED)

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

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 10/21/09 Date

Executed on 10/21/09 Date

Executed on _____ Date

Executed on _____ Date

By ERK

By _____

By _____

By _____

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

Type or print in ink.

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ERIC KIRCHMANN

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

9931

ZIP

9931

RE _____

Re: _____ **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?

YES 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?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

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
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

Statement covers period
from 10/1/04
through 10/16/04

Page _____ of _____
I.D. NUMBER _____

Eric Kirchmann

NAME OF FILER

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0		
SUBTOTAL \$						

*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**

Statement covers period
from 10/1/04
through 10/16/04

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page _____ of _____
I.D. NUMBER

Eric Kirchmann

(a) FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(b) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(c) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(d) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(h) ORIGINAL AMOUNT OF LOAN	(i) CUMULATIVE CONTRIBUTIONS TO DATE
<i>Eric Kirchmann</i> 31 IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Teacher WSC & HS</i> <i>462 Johnson St</i> <i>Solvang, CA</i> <i>95472</i>	\$ _____	\$ <u>400.00</u>	<input checked="" type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	<u>NA</u> % RATE	\$ <u>1,200.00</u> DATE INCURRED _____	\$ <u>1,200.00</u> CALENDAR YEAR _____ PERELECTION** _____
<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 _____ PERELECTION** _____
<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 _____ PERELECTION** _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

Schedule B Summary

- Loans received this period \$ 400.00
(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 \$** _____
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.
** 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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eric Kiechmann

Statement covers period
from 10/1/04
through 10/16/04

Page _____ of _____

I.D. NUMBER

FULL NAME, STREET ADDRESS AND
ZIP CODE OF GUARANTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Eric Kiechmann
11111

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

*Teacher, WISS, USA
Sebastopol, Cal*

CONTRIBUTOR
CODE

- IND
- COM
- OTH
- PTY
- SCC

LOAN

LENDER
self
DATE
10/1/04

AMOUNT
GUARANTEED
THIS PERIOD

\$1,000

CUMULATIVE
TO DATE

CALENDAR YEAR
\$1,000
PER ELECTION
(IF REQUIRED)
\$1,000

BALANCE
OUTSTANDING
TO DATE

\$1,000

Enter on
Summary Page,
Line 17 only.

SUBTOTAL \$ 1,000

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 10/1/09
 through 10/16/09

Page _____ of _____
 I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Eric Kiehn and

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 <i>Not Applicable</i>	<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.) \$ _____
- 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 \$** _____

Statement covers period
from 10/1/09
through 10/15/09

Page of
I.D. NUMBER

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

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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)
10/01/09	Eric Kischmann 15	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher WSC WUSD 462 Johnson St San Mateo, CA 94402	1,200	\$1,200	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

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

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,200.00

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,200.00

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Eric Kirchmann

Statement covers period
from 10/1/04
through 10/16/04

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.

CMP 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 PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>FPPC Eric Kirchmann The Col 9931</i>	<i>Fil</i>	<i>Paid to City of State Ballot Printing</i>	<i>1,158.00</i>
<i>Same</i>	<i>PRT</i>	<i>Bobanion Newspaper 3 ads</i>	<i>25.00</i>
<i>Same</i>	<i>PRT / CMP</i>	<i>Hives Signs / Campaign Signs</i>	<i>537.00</i>

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

Schedule E Summary

SUBTOTAL \$

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7,200.00
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 \$ 720.00

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Eric Kiechom Ann *Candidate*

Statement covers period
from *1/1/04*
through *11/6/04*
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.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	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 PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>B. Kiechom Ann</i>	<i>OFC</i>		<i>Home Depot</i>	<i>2318</i>
<i>11</i>	<i>TRK</i>		<i>Arco Asahi</i>	<i>1500</i>
<i>11</i>	<i>Lit</i>		<i>Kinkos</i>	<i>317.13</i>

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

Schedule E Summary

SUBTOTAL \$ *395.31*

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 \$ *1115.31*