

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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RECEIVED

Date Stamp: **RECEIVED**
 OCT 29 2004
 CITY OF OAKLAND

Date of election if applicable: (Month, Day, Year)
 Nov 2 2004

Statement covers period from 10-21 through 10-29

CITY OF OAKLAND
 CITY MANAGER/CITY CLERK

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 For Official Use Only

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) _____

I.D. NUMBER _____

STREET ADDRESS (NO P.O. BOX) Geoff Fox

CITY 9817 Grajewski Way STATE CA ZIP CODE 94931 AREA CODE/PHONE 707 7947994

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER Amy Fox

MAILING ADDRESS Same

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ 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 10-29 Date
 By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 10-29 Date
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer at Sponsor

Executed on _____ Date
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Geoff Fox

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
8817 Governor's Way CA 94931

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

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?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Attach continuation sheets if necessary

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

**Campaign Disclosure Statement
 Summary Page**

Summary Page

Statement covers period
 from 10.21
 through 10.29

Page _____ of _____
 I.D. NUMBER _____

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

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions Schedule A, Line 3 \$ <u>550</u>	\$ _____
2. Loans Received Schedule B, Line 7 \$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3 \$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ <u>550.00</u>	\$ <u>2050.00</u>

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ _____	\$ _____
7. Loans Made Schedule H, Line 7 \$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ <u>902.37</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ _____	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3 \$ _____	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ <u>902.37</u>	\$ <u>1825.47</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ <u>1850.</u>	\$ _____
13. Cash Receipts Column A, Line 3 above \$ <u>550</u>	\$ _____
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ _____	\$ _____
15. Cash Payments Column A, Line 8 above \$ <u>2400.00</u>	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____	\$ _____

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

17. LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____	\$ _____
18. Cash Equivalents See instructions on reverse \$ _____	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ <u>2777.84</u>	\$ _____

**Expenditure Limit Summary for State
 Candidates**

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

22. Cumulative Expenditures Made*
 (if subject to Voluntary Expenditure Limit)

*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 10-21
through 10-29

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Geoff Fox I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
10-26	NOCA Engineering Corp 7AC 10000 14047 Santa Rosa	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
10-23	OP Inc (O'Brien Plumbing) PO Box 750625 Petaluma	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O'Brien Plumbing	100.00		
10-23	ARCH'S Gases Inc. 2019 La Plaza CORNELL CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCH'S Gases	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				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 550.00
- 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 \$** 550.00

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