Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 2

For Official Use Only

Date Stamp: RECEIVED NOV 3 2006 CITY OF COTATI CITY MANAGER/CITY CLERK

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Oct. 1, 2006 through Oct. 21, 2006

Date of election if applicable: (Month, Day, Year) Nov. 7, 2006

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ 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 (Also file a Form 410 Termination)
- [X] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Need to add street addresses to Schedule A donors.

3. Committee Information

I.D. NUMBER: 1290273

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Friends of John Guardino

STREET ADDRESS (NO P.O. BOX): 301 E. School St.

CITY: Cotati STATE: CA ZIP CODE: 94931 AREA CODE/PHONE: (707) 665-9032

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: John@VoteforJohn.info

Treasurer(s)

NAME OF TREASURER: Linell L. Hardy

MAILING ADDRESS: 8171 Arthur St.

CITY: Cotati STATE: CA ZIP CODE: 94931 AREA CODE/PHONE: (707) 795-1949

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 Oct. 30, 2006 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 30th, 2006 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of 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)

Schedule A
Monetary Contributions Received

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

SCHEDUL

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

CALIFORNIA FORM 46

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of John Guardino

I.D. NUMBER
1290273

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)
	Jan Kravitz 79 L Williams St. Cotati, CA 94931	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
	Eric Kirchmann 7111 Marsh Way #13 Cotati, CA 94931	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized monetary 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 $ _____

*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

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
Date Stamp
OCT 26 2006
CITY OF COTATI
CITY MANAGER/CITY CLERK

COVER PAGE
CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

Date of election if applicable: (Month, Day, Year)
Nov. 7, 2006

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1290273

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Friends of John Guardino

STREET ADDRESS (NO P.O. BOX): 301 E. School St.

CITY: Cotati STATE: CA ZIP CODE: 94931 AREA CODE/PHONE: (707) 665-9032

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: John@VoteforJohn.info

Treasurer(s)

NAME OF TREASURER: Linell Hardy

MAILING ADDRESS: 8171 Arthur St.

CITY: Cotati STATE: CA ZIP CODE: 94931 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 Oct. 25, 2006 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 25, 2006 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of 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)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John Guardino

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

City Council Member, Cotati

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

301 E. School St. | Cotati | CA | 94931

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

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. 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.

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

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 Oct. 1, 2006 through Oct. 21, 2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 432.84	$ 4014.84
2. Loans Received	Schedule B, Line 3	0	165.-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 432.84	$ 4179.84
4. Nonmonetary Contributions	Schedule C, Line 3	130.52	697.13
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 563.36	$ 4876.97

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2291.07	$ 2973.91
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2291.07	$ 2973.91
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	< 164.95 >	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2126.12	$ 2973.91

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 3064.16
13. Cash Receipts	Column A, Line 3 above	432.84
14. Miscellaneous Increases to Cash	Schedule I, Line 4	28.36
15. Cash Payments	Column A, Line 8 above	2291.07
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1234.29

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 165-

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).

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	$ _____	$ _____

Expenditure Limit Summary for State Candidates

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

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

*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.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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)
10/5	Jan Kravitz	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Wine Consultant Windsor Vineyards	$ 100 -	$ 100 -	
10/6	Eric Kirchman	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher West Sonoma Co. Union High School District	$ 300 -	$ 300 -	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 400 -

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 400 -
2. Amount received this period – unitemized monetary contributions of less than $~~100~~ 50. ..... $ 32.84
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 432.84

*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

Schedule B – Part 1
Loans Received

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

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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
John Guardino 301 E. School St. Cotati CA 94931 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farm Manager Kokopelli Farms	$ 165-	$	☐ PAID $ ☐ FORGIVEN $	$ 165- — DATE DUE	—% RATE $ —	$ 165- 8/11/06 DATE INCURRED	CALENDAR YEAR $ 165- PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$		$ 165-	$		

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

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 ..... $ 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.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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)
10/5	Amy Boyd 5822 Lowell Ct. Cotati CA 94931	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant Amy Boyd	Paper for Walk Piece	$57.52	$57.52	
10/12	Neil Hancock 8166 Arthur St. Cotati, CA 94931	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Software Engineer Biomonitors	Website Rental Telephone Service Rental	$73—	$350—	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ $130.52

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 130.52
2. Amount received this period – unitemized nonmonetary contributions of less than $~~100~~ 50 ..... $ _____
3. 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 $ 130.52

*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

Schedule E
Payments Made

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

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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
FIL	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
U.S. Postal Service Cotati CA 94931	POS		$ 803.22
Amy C. Boyd 5822 Lowell Ct. Cotati, CA 94931	CMP		$ 164.95
Amy C. Boyd 5822 Lowell Ct. Cotati, CA 94931		Reimbursement for Flyers from Copy, Mail & More & Paper	$ 213.79

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

SUBTOTAL $ 1181.96

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2223.73
2. Unitemized payments made this period of under $100 ..... $ 67.34
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 $ 2291.07

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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
FIL	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
G-Wiz 918 Gravenstein Avc. S. Sebastopol, CA 95472	LIT		$1041.77

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

SUBTOTAL $ 1041.77

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of John Guardino

I.D. NUMBER: 1290273

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
FIL	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 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
Dr. Don's Buttons, Badges & Magnets 3906 W. Morrow Dr. Glendale, AZ 85308	CMP	$164.95		$164.95	0
SUBTOTALS		$ 164.95	$	$ 164.95	$ 0

* 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 $** 0
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 $** 164.95
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 $** <164.95> (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from Oct. 1, 2006
through Oct. 21, 2006

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of John Guardino

I.D. NUMBER
1290273

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ _____
2. Unitemized increases to cash of under $100 this period. ..... $ 28.36
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 28.36