Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF COTATI
CITY MANAGER/CITY CLERK

CALIFORNIA FORM 460

Page _1_ of _10_

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from _Jan. 1, 2008_	
through _Sept. 30, 2008_	

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

Nov. 4, 2008

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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

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3. Committee Information

I.D. NUMBER _1311191_

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

Friends of Bob Coleman

STREET ADDRESS (NO P.O. BOX)

CITY _Cotati_   STATE _CA_   ZIP CODE _94931_   AREA CODE/PHONE

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

Linell L. Hardy

MAILING ADDRESS

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

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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. 4, 2008_   By _____
  Date   Signature of Treasurer or Assistant Treasurer

Executed on _Oct 4, 2008_   By _____
  Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Coleman

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

City Council member, Cotati

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

███████████████████   *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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period		**CALIFORNIA FORM 460**
from _Jan. 1, 2008_		
through _Sept. 30, 2008_	Page _3_ of _10_	

NAME OF FILER
Friends of Bob Coleman

I.D. NUMBER
_1311181_

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ _2083.-_	$ _2083.-_
2. Loans Received	Schedule B, Line 3	_218.-_	_218.-_
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ _2301-_	$ _2301.-_
4. Nonmonetary Contributions	Schedule C, Line 3	_1013.-_	_1013.-_
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ _3314.-_	$ _3314.-_

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ _646.38_	$ _646.38_
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ _646.38_	$ _646.38_
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	_1150.-_	_1150.-_
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ _1796.38_	$ _1796.38_

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ _0_
13. Cash Receipts	Column A, Line 3 above	_2301.-_
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	_646.38_
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ _1654.62_

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	$ _1150.-_

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.

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

Statement covers period	
from *Jan. 1, 2008*	CALIFORNIA **460** FORM
through *Sept. 30, 2008*	Page *4* of *10*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: *Friends of Bob Coleman*

I.D. NUMBER: *1311181*

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)
8/22	*Chris Cone* ▓▓▓▓▓ *Cotati, CA 94931*	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	*Energy Consulting Chris Cone Consulting*	*$50*	*$350.*	
9/5	*Neil Hancock* ▓▓▓▓▓ *Cotati, CA 94931*	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	*Software Engineer Bio Monitors*	*$250.*	*$263*	
9/9	*Joan Simon* ▓▓▓▓▓ *Cotati, CA 94931*	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	*Restaurant Consultant Full Plate Consulting*	*$200*	*200*	
9/15	*William Underwood Construction* ▓▓▓▓▓ *Cotati, CA 94931*	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		*$350*	*$350*	
9/17	*Oliver's Market 429 E. Cotati Ave. Suite 101 Cotati, CA 94931*	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		*$100*	*$100*	

SUBTOTAL $ *950*

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ *1896.*

2. Amount received this period – unitemized monetary contributions of less than $~~400~~ *50.* .... $ *187.*

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ *2083.*

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period

from _Jan. 1, 2008_

through _Sept. 30, 2008_

CALIFORNIA FORM **460**

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NAME OF FILER

Friends of Bob Coleman

I.D. NUMBER

_1311181_

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)
9/22	Dana Jacoby [redacted] Way Cotati, CA 94931	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Learning & Development Manager Medtronic Cardio Vascular	$100 -	$100 -	
9/29	Gabi Schmitz [redacted] Cotati, CA 94931	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Grant Writer Hunger Relief Foundation	$350. -	$350. -	
	Cotati Downtown Automotive 7883 Old Redwood Hwy Cotati, CA 94931 (Memo has promised $350. -)	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 450. -

*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 A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period	
from _Jan. 1, 2008_	
through _Sept. 30, 2008_	Page _6_ of _10_

NAME OF FILER *Friends of Bob Coleman*

I.D. NUMBER *1311181*

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)
9/13	Helen Schollmann [redacted] Rohnert Park, CA 94928	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Book Keeper Carl's Body Shop	$99-	$99-	
9/13	Mary Schollmann [redacted] Cotati, CA 94931	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	House-wife	$99.-	$99.-	
9/13	Carl's Body Shop [redacted] Cotati, CA 94931	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$99-	$99-	
9/13	Cotati Rohnert Park Storage Equipment Rental Sales Leasing 8354 Santero Way Cotati, CA 94931	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$99.-	$99-	
9/20	Tom Scott [redacted] Dr. Santa Rosa, CA 95405	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Manager Oliver's Market	$100-	$100.-	

SUBTOTAL $ 496-

*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.

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bob Coleman

I.D. NUMBER
_131181_

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
Robert Coleman _Cotati, CA 94931_ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	_University Professor Sonoma State University_	$ ____	$ _218_	☐ PAID $ ____ ☐ FORGIVEN $ ____ DATE DUE	$ ____	____% RATE $ ____	$ _218_ _8/12/08_ DATE INCURRED	CALENDAR YEAR $ _218_ 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 $ _218_ $ $ $

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

Schedule B Summary

1. Loans received this period .... $ _218_
   (Total Column (b) plus unitemized loans of less than ~~$100~~ $50.)

2. Loans paid or forgiven this period .. _$50._ .... $ _____
   (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 $ _218_
   (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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from _Jan. 1, 2008_
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bob Coleman

I.D. NUMBER

131181

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)
9/9	Chris Cone Consulting ▇▇▇▇▇▇ Cotati, CA 94931	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Graphic Design Content Development Prepress Prep.	$300.-	$350.-	
9/9	Barlow Printing Inc. ▇▇▇▇▇▇ Cotati, CA 94931	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Printing of Campaign Literature	$350.-	$350.-	
9/9	Northlight Books and Cafe 550 E. Cotati Ave. Cotati, CA 94931	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Use of Cafe for Meetings	350.-	$350.-	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1000.-

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .... $ _1000.-_

2. Amount received this period – unitemized nonmonetary contributions of less than ~~$100~~ 50.- .... $ _13.-_

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** $ _1013.-_

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

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

Statement covers period	CALIFORNIA FORM 460
from _Jan. 1, 2008_	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bob Coleman

I.D. NUMBER

1311181

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
City of Cotati 201 W. Sierra Ave. Cotati, CA 94931	FIL		$167.—
Community Voice 100 Professional Center Dr. Suite 110 Rohnert Park, CA 94931	LIT		$300.—
Hines Signs 8259 Old Redwood Hwy. Cotati, CA 94931	CMP		$122.57

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

SUBTOTAL $ 589.57

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 589.57

2. Unitemized payments made this period of under $~~100~~ 50 .... $ 56.81

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 $** 646.38

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period	CALIFORNIA FORM **460**
from _Jan. 1, 2008_	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bob Coleman

I.D. NUMBER

1311181

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
Barlow Printing Inc. ▮▮▮▮ Cotati, CA 94931	LIT	0	$1,150 -	-0-	$1,150.-

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

SUBTOTALS $	0	$ 1150.-	$ 0	$ 1,150.-

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $~~100~~ $50- or more, plus total unitemized accrued expenses under $~~100.~~ $50.) .... INCURRED TOTALS $ _1150.-_

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 $50.- or more, plus total unitemized payments on accrued expenses under $~~100.~~ $50.-) .... PAID TOTALS $ _0_

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 $ _1150.-_
May be a negative number