

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA
FORM
460

RECEIVE

Page 1 of 3

For Official Use Only

Date Stamp
NOV 25 2008

CITY OF COTATI
CITY MANAGER/CITY CLERK

Statement covers period
from Oct. 1, 2008
through Oct. 18, 2008

Date of election if applicable
(Month, Day, Year)
Nov. 4, 2008

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
- 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)
- Amendment (Explain below)

To correct error on accrued expenses
to include sales tax

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Bob Coleman

I.D. NUMBER
131181

Treasurer(s)

NAME OF TREASURER
Linnell L. Hardy

STREET ADDRESS (NO P.O. BOX)
[Redacted]
CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [Redacted]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[Redacted]

MAILING ADDRESS
[Redacted]
CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [Redacted]

MAILING ADDRESS
[Redacted]
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

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 Nov 24, 2008 Date
By [Signature] Signature of Treasurer of Assistant Treasurer

Executed on Nov 24, 2008 Date
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure PropONENT or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure PropONENT

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure PropONENT

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bob Coleman

Statement covers period
from Oct. 1, 2008

through Oct. 18, 2008

Page 2 of 3

I.D. NUMBER

131181

Contributions Received

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

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

6. Payments Made	Schedule E, Line 4 \$	\$
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	\$
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 \$	\$

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 \$

Current Cash Statement

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

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

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).

LOAN GUARANTEES RECEIVED

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 \$	\$ 1457.13

