# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

RECEIVED
OCT - 7 2009
CITY OF COTATI
CITY MANAGER/CITY CLERK POLICE

| Statement covers period | Date of election if applicable: (Month, Day, Year) |
|---|---|
| from _July 1st 2009_ | 11/17/09 |
| through _October 3, 2009_ | |

Page __1__ of __9__
For Official Use Only

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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

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

_Eric Kirchmann_

STREET ADDRESS (NO P.O. BOX)

_Cotate Cal_

CITY _____ STATE ____ ZIP CODE _tate Cal 94931_ AREA CODE/PHONE

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

_Cotate Cal 94_

CITY _____ STATE ____ ZIP CODE ____ AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

_Eric Kirchmann_

NAME OF TREASURER

MAILING ADDRESS _cotat cal_

CITY _Not Applicable_ 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

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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 __10/7/09__ By _____
Date

Executed on __10/7/09__ 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

_if Recall Passes_

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

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

*Eric Kischmann*

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

*Cotati City Council - Cotati Cal 94931*

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

███████████████████████████, *Cotati, Cal 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

*(Recall)*

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 | |
|---|---|---|
| *NA.* | | ☐ 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.

Statement covers period

from _7/1/69_

through _10/3/69_

**CALIFORNIA FORM 460**

Page _3_ of _9_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

## Contributions Received

|  |  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ _0_ | $ _0_ |
| 2. Loans Received | Schedule B, Line 3 | _168.00_ | _$168_ |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ _168.00_ | $ _168.00_ |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | _0_ | _0_ |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ _168.00_ | $ _168.00_ |

## Expenditures Made

|  |  | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ _168.00_ | $ _168.00_ |
| 7. Loans Made | Schedule H, Line 3 | _0_ | _0_ |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ _168.00_ | $ _168.00_ |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | _0_ | _0_ |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | _0_ | _0_ |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ _168.00_ | $ _168.00_ |

## Current Cash Statement

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

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

| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ _0_ |
|---|---|---|

## Cash Equivalents and Outstanding Debts

| 18. Cash Equivalents | See instructions on reverse | $ _0_ |
|---|---|---|
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ _168.00_ |

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.

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.

Statement covers period

from _7/1/09_

through _10/3/09_

SCHEDULE A (CONT.)

**CALIFORNIA FORM 460**

Page _4_ of _9_

**ERIC Kirchmann**

NAME OF FILER

I.D. NUMBER

| 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) |
|---|---|---|---|---|---|---|
| ∅ | ∅ | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | ∅ | ∅ | ∅ | ∅ |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |

SUBTOTAL $ ∅

*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 _7/1/09_

through _10/3/09_

**CALIFORNIA FORM 460**

Page _5_ of _9_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

_ERic Kirchmann_

I.D. NUMBER

| 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 |
|---|---|---|---|---|---|---|---|---|
| _Eric Kirchmann_ _Colate, Cal, 44751_ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | _Teacher_ _WSCUHSD_ _462 Johnson St._ _Sebastopol, Cal_ _95472_ | $ _0_ | $ _168_ | ☐ PAID $ _0_ ☐ FORGIVEN $ _0_ | $ _168_ DATE DUE _12/1/09_ | _0_ % RATE $ _0_ | $ _168_ DATE INCURRED _8/13/09_ | CALENDAR YEAR $ _0_ 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 $ _0_ $ _168_ $ _0_

## Schedule B Summary

1. Loans received this period ................................................................................. $ _168_
   (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 $ _168_
   Enter the net here and on the Summary Page, Column A, Line 2.    (May be a negative number)

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

†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.

SCHEDULE C

**CALIFORNIA FORM 460**

Statement covers period

from _7/1/09_

through _10/3/09_

Page _6_ of _9_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _Eric Kirchmann_

I.D. NUMBER

| 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) |
|---|---|---|---|---|---|---|---|
| ∅ | ∅ N.A | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | N.A | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $** _∅_

## Schedule C Summary

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

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................. $ _∅_

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 $** _∅_

*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 D
## (Continuation Sheet)
## Summary of Expenditures
## Supporting/Opposing Other
## Candidates, Measures and Committees

*Eric Kirchmann*

NAME OF FILER

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

SCHEDULE D (CONT.)

Statement covers period

from 7/1/09

through 10/3/09

CALIFORNIA
FORM **460**

Page 7 of 9

I.D. NUMBER

| 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) |
|---|---|---|---|---|---|---|
| 8/13/09 | Eric Kirchmann ▓▓▓▓▓▓ Cotati, Cal 94931 ☐ Support ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure | Ballot Printing Costs $168ºº | $168ºº | $168ºº | $168ºº |
| NA | ☐ Support ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |
| NA | ☐ Support ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |
| NA | ☐ Support ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |

SUBTOTAL $ 168ºº

# Schedule E
# Payments Made

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

SCHEDULE E

**Statement covers period**

from _7/1/09_

through _10/3/09_

Page _8_ of _9_

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eric Kirchmann

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 | 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 West Sierra Ave City Deputy Clerk Cotati California 94931 | FIL | | $168.00 Printing Candidates' Statement (English only) Ballot 11/17/09 | $168.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL $

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................................................... $ _168.00_

2. Unitemized payments made this period of under $100 ........................................................................... $ _0_

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................................................... $ _0_

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................... **TOTAL** $ _168.00_

# Schedule F
# Accrued Expenses (Unpaid Bills)

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eric Kirschmann

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 | 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 |
|---|---|---|---|---|---|
| Eric Kirschmann ████ #13 ████ cal 95031 | FIL | $168.00 | $168.00 | $168.00 | ~~$168~~ 0 |
| | | | | | |

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

**SUBTOTALS $** 168.00    $168.00    $ 168.00    $

## 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 $** _168_

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 $** _168_

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 $** _0_
   *May be a negative number*

Paid in full 8/13/09
Loan outstanding for payment (see)