

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

RECEIVED

Date Stamp
Page 1 of 6
For Official Use Only

Date of election (Month, Day, Year) applicable:
NOV - 5 2009

Statement covers period
from 10-11-09 through 10-31-09

11-19-CITY OF COTATI
CITY MANAGER/CITY CLERK

SEE INSTRUCTIONS ON REVERSE

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

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

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1320609

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

Citizens to Recall Councilmember George Barich

Treasurer(s)

NAME OF TREASURER

Steven R. Onived

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Cotati CA

STATE

ZIP CODE

AREA CODE/PHONE

CITY

Cotati CA

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Suzanne Whipple

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

[REDACTED]

CITY

Cotati CA

STATE

ZIP CODE

AREA CODE/PHONE

CITY

Cotati CA

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 5, 09 Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By _____ 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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

STATEMENT COVERS PERIOD
FROM 10-4-09
THROUGH 10-31-09

CALIFORNIA FORM 460

PAGE 2 OF 6

I.D. NUMBER 1320607

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens to Recall Council member George Beitch

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 846	\$ 3198
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 846	\$ 3198
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 846	\$ 3198

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	\$ 1635	\$ 2857
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 1635	\$ 2857
9. Accrued Expenses (Unpaid Bills)	\$ 742	\$ 1005
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 2377	\$ 3862

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	\$ 1130
13. Cash Receipts	\$ 846
14. Miscellaneous Increases to Cash	\$ 0
15. Cash Payments	\$ 1635
16. ENDING CASH BALANCE	\$ 341

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 1005

*Amounts in this section may be different from amounts reported in Column B.

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).

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Citizens to Recall Council member George Barick

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

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)
10-1-09	Suzanne Whipple [REDACTED] Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-profit Director COTATI CHAMBER OF COMMERCE	30.	130.	
10-1-09	Steven Onises [REDACTED] Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asstitor State Compensation + Measure New Fund	40.	170.	
10-22-09	Erasmus Patterson [REDACTED] Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.	200.	
				SUBTOTAL \$	120	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 120
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 726
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 846

*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 10-4-09
through 10-31-09

CALIFORNIA
FORM
460

Page 1 of 6

I.D. NUMBER
1320607

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens to Recall Councilmember George Barick

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CVP | 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
Definite Impressions 421 Portel St Castro CA 94931	LIT		Flyers	830.25
Community Voice P.O. Box 2038 Rohnert Park, CA 94928	PRT		Flyers	185.
Postmaster P.O. Box Castro, CA 94931	POS		PO Box Rental	30.00
			SUBTOTAL \$	1045.25

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1635
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1635

**Schedule E
(Continuation Sheet)
Payments Made**

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

CALIFORNIA
FORM **460**

Statement covers period
from 10-1-09
through 10-31-09
Page 5 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens to Recall Council member George Barich
I.D. NUMBER 1320607

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>Advantage 455 Teacom Cir Santa Rosa, CA 95701</u>	<u>CMP</u>		<u>Postage & Printing</u>	<u>590</u>
			SUBTOTAL \$	<u>590</u>

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

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from _____ through _____
Page 6 of 6
CALIFORNIA 460 FORM
I.D. NUMBER _____

NAME OF FILER _____

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

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

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
John Moore [REDACTED] Cotate, CA 94931	PRT-Notice of Intent Publishing	263.25	0	0	263.25
Jean Simon [REDACTED] Cotate 94931	WEB-	24.00	0	0	24.00
Sales Promotion 14 Bay Street. Cotate, CA 94931	CMP	718.00	0	0	718.00
		1005.25			
SUBTOTALS \$		1,005	\$	0	\$ 1,005