

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

**RECEIVED**  
NOV 12 2009  
CITY OF COTATI  
CITY MANAGER/CITY CLERK

CALIFORNIA  
FORM  
**460**

Date of 1 of 5  
For Official Use Only

Type or print in ink.  
Statement covers period  
from 11/01/09 through 11/12/09  
Date of election if applicable:  
(Month, Day, Year) 11/17/09  
CITY MANAGER/CITY CLERK

SEE INSTRUCTIONS ON REVERSE

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

- Officerholder, 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/Officerholder 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to elect Susan Harvey

I.D. NUMBER  
1309810

**Treasurer(s)**

NAME OF TREASURER  
Craig Lauridsen

MAILING ADDRESS  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY Cotati STATE CA ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

sharvey55@aol.com

**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

Executed on 11/12/09 Date

Executed on 11/12/09 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By [REDACTED] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [REDACTED] Signature of Controlling Officerholder, Candidate, State Measure Proponent

By [REDACTED] Signature of Controlling Officerholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

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## 6. Primarily Formed Ballot Measure Committee

NAME OF OFFICERHOLDER OR CANDIDATE  
Susan Harvey

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Member of the city council, City of Cotati

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Cotati CA 94931

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officerholder, candidate, or state measure proponent, if any.  
NAME OF OFFICERHOLDER, CANDIDATE, OR PROPOONENT

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee

List names of officerholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

Statement covers period  
from 11/01/09  
through 11/12/09

CALIFORNIA FORM **460**

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I.D. NUMBER  
1309810

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Susan Harvey

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0	\$ 960.28
2. Loans Received .....	Schedule B, Line 3 0	168.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 0	1128.28
4. Nonmonetary Contributions .....	Schedule C, Line 3 176.00	201.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 176.00	1329.28

## 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 \$ 116.50	\$ 2150.21
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 116.50	2150.21
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment .....	Schedule C, Line 3 176.00	201.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 292.50	2351.21

## Expenditure Limit Summary for State Candidates

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

Date of Election \_\_\_\_\_ Total to Date \_\_\_\_\_  
(mm/dd/yy) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 187.29
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 116.50
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 70.79

*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).

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

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

# 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 11/01/09

through 11/12/09

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Susan Harvey

1309810

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)
11/02/09	Andre Morrow Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm Insurance	postage	44.00	44.00	
11/02/09	Kirsten Olt Ronnett Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dispatcher Petaluma Police	postage	44.00	44.00	
11/01/09	Sarah Harvey Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Children's Hospital	postage	44.00	44.00	
11/02/09	Benjamin Harvey Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT Navy	postage	44.00	44.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 176.00**

## Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

(Include all Schedule C subtotals.) ..... \$ 176.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ 0

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 \$ 176.00**

\*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)

Type or print in ink.  
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**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 11/01/09 through 11/12/09

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I.D. NUMBER  
1309810

NAME OF FILER  
Susan Harvey

**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	MITG	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
Costco 5901 Redwood Dr. Rohnert Park, CA 94928	POS			87.50
Registrar of Voters 435 Fiscal Dr. Santa Rosa, CA 95406	VOT			21.00
Redwood Credit Union PO Box 6104 Santa Rosa, CA 95406		Bank Fee		8.00

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

**SUBTOTAL \$ 116.50**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 116.50
- 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 \$ 116.50**