

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVE

CALIFORNIA FORM 460

Page 1 of 4
For Official Use Only

MAR - 9 2010

CITY OF COTATI
CITY MANAGER/CITY CLERK

Statement covers period
from 7-01-08 through 9-30-08

Date of election if applicable
(Month, Day, Year)
11-04-08

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

Requested by FPPC investigator Janet Seely

3. Committee Information

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

George Barich

Treasurer(s)

NAME OF TREASURER

George Barich

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

Cotati

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

STATE

CA

ZIP CODE

94931

AREA CODE/PHONE

CITY

Cotati

NAME OF ASSISTANT TREASURER, IF ANY

STATE

CA

ZIP CODE

94931

AREA CODE/PHONE

CITY

STATE

AREA CODE/PHONE

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 3-9-10 Date
 Executed on 3-9-10 Date
 Executed on _____ Date
 Executed on _____ Date

By _____
 For Responsible Officer of Sponsor
 Signature of Controlling Officerholder, State Measure Proponent
 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.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 7-01-08
through 9-30-08

Page 2 of 4

I.D. NUMBER
1321596

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

George Barich

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 _____ Total to Date _____

\$ _____ \$ _____

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ _____
2. Loans Received	3,000.00	_____
3. SUBTOTAL CASH CONTRIBUTIONS	3,000.00	_____
4. Nonmonetary Contributions	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED	3,000.00	_____

Expenditures Made

6. Payments Made	\$ 1,425.46	\$ _____
7. Loans Made	0	_____
8. SUBTOTAL CASH PAYMENTS	1,425.46	_____
9. Accrued Expenses (Unpaid Bills)	0	_____
10. Nonmonetary Adjustment	_____	_____
11. TOTAL EXPENDITURES MADE	1,425.46	_____

Current Cash Statement

12. Beginning Cash Balance	\$ 3,000.00	\$ _____
13. Cash Receipts	0	_____
14. Miscellaneous Increases to Cash	0	_____
15. Cash Payments	1,425.46	_____
16. ENDING CASH BALANCE	1,574.54	_____

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	\$ 0	\$ _____
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Cash Equivalents and Outstanding Debts

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

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.

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 7-01-08
through 9-30-08

CALIFORNIA **460**
FORM

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I.D. NUMBER
1321596

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

George Barich

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
									IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC
George Barich 176 West Cotati Oaks Court Cotati, CA 95931	Videopro-tection	\$ 3,000.00	\$ 3,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1574.54	0 %	\$ 3,000.00	\$ 3,000.00	
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%	\$	\$	
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%	\$	\$	
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%	\$	\$	
SUBTOTALS								\$	\$

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

Schedule B Summary

- Loans received this period \$ 3,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 3,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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.

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **George Barich**

Statement covers period from **7-01-08** through **9-30-08**

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I.D. NUMBER: **1321596**

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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Kinko's 329 Rohnert Park Expressway West Rohnert Park, CA 94928-7907	CMP		paper printing	269.38
Healdsburg Signs 1200 A Healdsburg Ave. Healdsburg, CA 95448	CMP		political signs	1,156.08

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

SUBTOTAL \$ 1,425.46

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,425.46
- 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 \$ 1,425.46**