

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVE Date Stamp APR - 1 2010

CALIFORNIA 2001/02 FORM

Statement covers period from Feb. 28, 2010 through Mar. 27, 2010. Date of election if applicable: Apr. 13, 2010. CITY OF COTATI MANAGER/CITY CLERK

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Ballot Measure Committee [X] Officeholder, Candidate Controlled Committee [] State Candidate Election Committee [] Recall [] General Purpose Committee [] Sponsored [] Small Contributor Committee [] Political Party/Central Committee []

2. Type of Statement: [X] Preelection Statement [] Semi-annual Statement [] Termination Statement [] Amendment (Explain below)

3. Committee Information I.D. NUMBER 1324386

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Measure A. STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY Cotati STATE CA ZIP CODE 94931

Treasurer(s) NAME OF TREASURER Linell Hardy. MAILING ADDRESS [REDACTED] CITY Cotati STATE CA ZIP CODE 94931

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.

Executed on Apr 1, 2010. By [REDACTED] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on [REDACTED] Date. By [REDACTED] Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
Measure A

BALLOT NO. OR LETTER
A

JURISDICTION
Cotati

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

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 Feb. 28, 2010
through Mar. 27, 2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Measure A

I.D. NUMBER

1324382

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	7/1 to Date
1. Monetary Contributions	Schedule A, Line 3 \$ <u>352.-</u>	\$ <u>3956.-</u>	
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>352.-</u>	\$ <u>3956.-</u>	
4. Nonmonetary Contributions	Schedule C, Line 3 <u>1117.04</u>	<u>1117.04</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>1467.04</u>	\$ <u>5073.04</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1278.51</u>	\$ <u>2717.24</u>	
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1278.51</u>	\$ <u>2717.24</u>	
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 \$ <u>1278.51</u>	\$ <u>2717.24</u>	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>2167.27</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>352.-</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above <u>1278.51</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1239.76</u>	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$	
18. Cash Equivalents	See instructions on reverse \$	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$	

**Expenditure Limit Summary for State
Candidates**

	Date of Election (mm/dd/yy)	Total to Date
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		\$
		\$
		\$
		\$
		\$
		\$

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

	Statement covers period from <u>Feb. 28, 2010</u> through <u>Mar. 27, 2010</u>	CALIFORNIA FORM 460	Page <u>4</u> of <u>6</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER <u>1324386</u>	
NAME OF FILER <u>Neighbors for Marguerite A</u>			

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 TO DATE (IF REQUIRED)
3/2	Cheryl Underwood [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	Bookkeeper Underwood Const.	350-	350-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				350-		

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A Summary

1. Amount received this period -- contributions of \$400 or more.
 (Include all Schedule A subtotals.) \$ 350-

2. Amount received this period -- unitemized contributions of less than \$400 \$ 50

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 350-

Statement covers period from Feb. 28, 2010 through Apr. 27, 2010

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

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Neighbors for Measure A

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)
3/9	Rick Stewart ██████████ Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Archis Glass Inc.	Postage stamps	1056-	1356-	
3/19	Cotati Police Officers Assoc. 203 W. Sierra Ave. Cotati, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Banner	30.52	530.45	
3/19	Cotati Police Management Assoc. 203 W. Sierra Ave. Cotati, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Banner	30.52	630.45	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1117.04

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$~~100~~⁵⁰ or more.
(Include all Schedule C subtotals.) \$ 1117.04
- Amount received this period - unitemized nonmonetary contributions of less than \$~~100~~⁵⁰ \$
- 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 \$ 1117.04

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Neighbors for Measure A

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

OMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD radio airline 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
TSF staff/spouse travel, lodging, and meals
TSE transfer between committees of the same candidate/sponsor
VOT voter registration
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>Mark Landman</u> <u>[REDACTED]</u> <u>Cotati, CA 94931</u>			<u>Reimbursement for</u> <u>Wista print Mailers</u>	<u>702.13</u>
<u>Copy Mail & More</u> <u>9292 Old Redwood Hwy.</u> <u>Cotati, CA 94931</u>	<u>CMP</u>			<u>130.00</u>
<u>Susan Harvey</u> <u>[REDACTED]</u> <u>Cotati, CA 94931</u>			<u>Reimbursement for Mailing Labels,</u> <u>Mailing Stickers, and Postage</u> <u>for Mailers</u>	<u>443.18</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1278.51
2. Unitemized payments made this period of under \$100 \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1278.51