

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIPTS

CALIFORNIA FORM 460

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For Official Use Only

Date Stamp
MAR 16 2007
CITY OF COTATI
CITY MANAGER/CITY CLERK

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from Jan. 1, 2007
through Mar. 15, 2007

SEE INSTRUCTIONS ON REVERSE

2. Type of Statement:

Precision Statement

Semi-annual Statement

Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Precision Statement - Attach Form 495

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 6)

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)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of John Grandino

I.D. NUMBER *1290273*

Treasurer(s)

NAME OF TREASURER
Linell L. Hardy

MAILING ADDRESS
[Redacted]

CITY *Cotati* STATE *CA* ZIP CODE *94931* AREA CODE/PHONE [Redacted]

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

CITY *Cotati* STATE *CA* ZIP CODE *94931* AREA CODE/PHONE [Redacted]

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 *Mar 15, 2007* Date

By *[Signature]* Treasurer

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on *Mar 15, 2007* Date

By *[Signature]* Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Guardino
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Cotati City Council Member
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Cotati CA 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

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	SUPPORT	OPPOSE
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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of John Guardino

Statement covers period
from Jan. 1, 2007

through Mar. 15, 2007

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I.D. NUMBER

1290273

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

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

1. Monetary Contributions	Schedule A, Line 3	\$	4262.84	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	4262.84		
4. Nonmonetary Contributions	Schedule C, Line 3	\$	697.13		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	4959.97		

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	4291.20		
7. Loans Made	Schedule H, Line 3	\$			
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	4291.20		
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	\$	4291.20		

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	Previous Summary Page, Line 16	\$	168.41
13. Cash Receipts	Column A, Line 3 above	\$	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	
15. Cash Payments	Column A, Line 8 above	\$	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	

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).

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	
19. Outstanding Debts	Add Line 2 + Line 8 in Column B above	\$	

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

**Schedule E
Payments Made**

Statement covers period
from Jan. 1, 2007
through Mar. 15, 2007

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I.D. NUMBER
1290273

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of John Guardino

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/spon |
| 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
SUBTOTAL \$				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 168.41
- Unitemized payments made this period of under \$100 \$ 168.41
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 168.41