

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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# RECEIVED

Date Stamp

JAN 30 2013

CITY OF COTATI  
CITY MANAGER/CITY CLERK

# CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

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

Statement covers period  
from 7/1/2012 through 12/31/2012

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
- 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)

John Dell'Osso for Cotati Council 2012

I.D. NUMBER

1349904

### Treasurer(s)

NAME OF TREASURER

Gregory S. Reisinger

MAILING ADDRESS

[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

MAILING ADDRESS

CITY

Petaluma

STATE

CA

ZIP CODE

94952

AREA CODE/PHONE

[REDACTED]

CITY

STATE

AREA CODE/PHONE

CITY

STATE

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 obtained 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 1/29/2013

Date

Executed on 1/30/13

Date

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

Date

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

Date

By [REDACTED] State Treasurer

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

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

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

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**John Dell'Osso**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Council Member, Cotati**

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? <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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER 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

CALIFORNIA  
FORM **460**

Statement covers period  
from 7/1/2012  
through 12/31/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Dell'Osso for Cotati Council 2012

I.D. NUMBER

1349904

## Contributions Received

## 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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	1697	\$	1697
2. Loans Received	Schedule B, Line 3	3000	\$	3000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	4697	\$	4697
4. Nonmonetary Contributions	Schedule C, Line 3	473	\$	473
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	5170	\$	5170

## Expenditures Made

## 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) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

6. Payments Made	Schedule E, Line 4	4510	\$	4510
7. Loans Made	Schedule H, Line 3	0	\$	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	4510	\$	4510
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	\$	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	\$	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	4510	\$	4510

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	0	\$
13. Cash Receipts	Column A, Line 3 above	4697	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4	210	\$
15. Cash Payments	Column A, Line 8 above	4511	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	396	\$

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

Schedule B, Part 2	\$	0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	3000

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA 460  
FORM**

Statement covers period  
from 7/1/2012  
through 12/31/2012  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Dell'Osso for Cotati Council 2012

I.D. NUMBER

1349904

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)
9/12/2012	North Bay Association of Realtors 131 B Stony Circle Santa Rosa, CA 95401	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#890106 (FPPC)	\$350	\$350	
9/12/2012	Sonoma County Democratic Central Committee 446 B Street, Santa Rosa, CA 95401	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#C0040523 (FEC) #742474 (FPPC)	\$100	\$100	
10/3/2012	Sonoma County Alliance 1030 Apollo Way Santa Rosa, CA 95402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#791511 (FPPC)	\$350	\$350	
10/20/2012	North Coast Citizens for a Better Economy 1030 Apollo Way Santa Rosa, CA 95402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#890157 (FPPC)	\$200	\$200	
11/1/12	Lisa Hardin 1652 Poppy Court Petaluma, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager Industrial Carting	\$200	\$200	
<b>SUBTOTAL \$</b>				<b>1200</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1400
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 297
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1697

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 7/1/2012  
through 12/31/2012

CALIFORNIA **460**  
FORM

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1349904

NAME OF FILER  
John Dell'Osso for Cotati Council 2012

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)
11/1/2012	Curtis Michelini 4188 Pine Ridge Drive Santa Rosa, CA 5409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Industrial Carting	\$200	\$200	
		<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				
<b>SUBTOTAL \$</b>				200		

\*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 B - Part 1  
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Dell'Osso for Cotati Council 2012

Statement covers period  
from 7/1/2012  
through 12/31/2012

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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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John Dell'Osso 227 Eagle Drive Cotati, CA 94931	Park Ranger National Park Service	\$ 0	\$ 1000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1000 DATE DUE NA	0 %	\$ 1000 DATE INCURRED 7/28/2011	CALENDAR YEAR 2000 PER ELECTION**
John Dell'Osso 227 Eagle Drive Cotati, CA 94931	Park Ranger National Park Service	\$ 0	\$ 2000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2000 DATE DUE NA	0 %	\$ 2000 DATE INCURRED 9/18/2011	CALENDAR YEAR 2000 PER ELECTION**
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	%	\$ DATE INCURRED	CALENDAR YEAR PER ELECTION**
<b>SUBTOTALS \$</b>					<b>3000 \$</b>	<b>0 \$</b>	<b>0 \$</b>	<b>3000 \$</b>

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

**Schedule B Summary**

- Loans received this period ..... \$ 3000  
(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 \$ 3000**  
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 C  
Nonmonetary Contributions Received**

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

John Dell'Osso for Cotati Council 2012

Statement covers period  
from 7/1/2012  
through 12/31/2012

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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)
9/23/2012	Nancy Kelley 121 Ahlstrom Circle Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer Self/no business name	Photographs for Campaign	\$350	\$350	
9/26/2012	SCCA-PAC 540 Pacific Avenue Santa Rosa, CA 95404	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#911196 (FPPC)	Literature Distribution, Public Outreach	\$123	\$123	
		<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					
<b>SUBTOTAL \$</b>					<b>473</b>		

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 473
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$** 473

\*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  
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through 12/31/2012  
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1349904

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Dell'Osso for Cotati Council 2012

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

- |   |   |   |
|---|---|---|
| CMF 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
Amoruso Printing 401 Center Street Ste. G Healdsburg, CA 95448	LIT		Campaign brochure	\$365
FedEx Office 901 E Washington St. Petaluma, CA 94952	LIT		Campaign Brochure	\$65
GoDaddy.com GoDaddy.com	WEB		Domain name for website	\$13
			<b>SUBTOTAL \$</b>	<b>443</b>

\* 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.) ..... \$ 4510
- 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 \$** 4510



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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460  
FORM**

Statement covers period  
from 7/1/2012  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

John Dell'Osso for Cotati Council 2012

**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
Belaire Displays 606 West Ohio Ave. Richmond, CA 94804	CMP		Lawn signs	\$740
Sonia E. Taylor/ Errant 306 Lomitas Lane Santa Rosa, CA 95404	CMP		Design work	\$200
Sonia E. Taylor/ Errant 306 Lomitas Lane Santa Rosa, CA 95404	LIT		Mail piece design	\$700
Amoruso Printing 401 Center Street Ste. G Healdsburg, CA 95448	LIT		Brochure	\$426
Maingate Marketing 1160 Industrial Ave. Ste. E Petaluma, CA 94952	POS		Mailing costs	\$1205

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 3271**

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

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA 460  
FORM**

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NAME OF FILER

John Dell'Osso for Cotati Council 2012

Statement covers period  
from 7/1/2012  
through 12/31/2012

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1349904

**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
Amoruso Printing 401 Center Street Ste. G Healdsburg, CA 95448	LIT		Brochure	\$196
Maddy Hirshfield 8866 Cypress Ave. Cotati, CA 94931	CNS		Consultant services	\$600

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

**SUBTOTAL \$ 796**

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

