

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> <b>OCT 02 2014</b> <b>CITY CLERK</b>	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
	Page <u>1</u> of <u>11</u> For Official Use Only

Statement covers period from <u>07/01/2014</u> through <u>09/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2014</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
1359971

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Chris Alberton for City Council - 2014

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Petaluma</u>	<u>CA</u>	<u>94952</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Petaluma</u>	<u>CA</u>	<u>94953</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Brian Breen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Petaluma</u>	<u>CA</u>	<u>94952</u>	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 10/01/2014  
Date

Executed on 10/01/2014  
Date

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

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

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>11</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE				
Chris Albertson				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
	Petaluma	Ca	94952	

**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		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<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

Statement covers period from <u>07/01/2014</u>	<b>CALIFORNIA FORM 460</b>
through <u>09/30/2014</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1359971</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Albertson for City Council 2014

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>4950.00</u>	\$ <u>9775.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>4950.00</u>	\$ <u>9775.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>4950.00</u>	\$ <u>9775.00</u>

**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**

	Column A	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>6804.88</u>	\$ <u>7235.00</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>6804.88</u>	\$ <u>7235.00</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>6804.88</u>	\$ <u>7235.00</u>

**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 ..... <i>Previous Summary Page, Line 16</i>	\$ <u>4394.88</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>4950.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$ <u>6804.88</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2540.00</u>

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).

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
--	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

\*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>07/01/2014</u> through <u>09/30/2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  Chris Albertson for City Council 2014	I.D. NUMBER  1359971
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-1-14	Clark Thompson Petaluma, Ca. 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent	200.00	200.00	
7-1-14	Sue Ellen Thompson Petaluma, Ca. 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
7-1-14	Francesca Smith Petaluma, Ca. 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance	50.00	50.00	
7-1-14	Terry Collins Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
7-1-14	Jerry Tidwell Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>750.00</b>		

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 4950.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4950.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>5</u> of <u>11</u>

NAME OF FILER Chris Albertson for City Council 2014	I.D. NUMBER 1359971
--	------------------------

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)
7/1/14	Jim Mickelson Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Jerry & Don Pumps	100.00	100.00	
7/8/14	Tennvson Tucker Petaluma, Ca. 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
7/8/14	Byron Fauss Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
7/11/14	Billa Management, LLC Santa Rosa Ca. 95403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management	200.00	200.00	
7/11/14	Steven LaFranchi Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer	200.00	200.00	

**SUBTOTAL \$ 575.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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 <u>07/01/2014</u> through <u>09/30/2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>11</u>

NAME OF FILER Chris Albertson for City Council 2014	I.D. NUMBER 1359971
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-11-14	Paul Andronico Fairfax, Ca. 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	200.00	200.00	
7-11-14	Matthew White Incline Village, NV. 89451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President – Basin Street Properties	200.00	200.00	
7-11-14	Melissa White Incline Village, NV. 89451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00	200.00	
7-14-14	William White Sausalito, Ca. 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive – Basin Street Properties	200.00	200.00	
7-14-14	Patricia White Sausalito, Ca. 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00	200.00	
<b>SUBTOTAL \$</b>				<b>1000.00</b>		

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 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		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>7</u> of <u>11</u>

NAME OF FILER Chris Albertson for City Council 2014	I.D. NUMBER 1359971
--	------------------------

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)
7-11-14	Henry Hansel Santa Rosa, Ca. 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner – Hansel Auto Group	200.00	200.00	
7-11-14	Dante Benedetti Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman – Clover Stornetta Dairy	200.00	200.00	
7-11-14	Keegan & Coppin Co Santa Rosa, Ca. 95401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management	100.00	100.00	
7-14-14	Daniel Libarle Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner – Lace House Linens	200.00	200.00	
7-14-14	Oralee Bean Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>800.00</b>		

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 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		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>8</u> of <u>11</u>

NAME OF FILER Chris Albertson for City Council 2014	I.D. NUMBER 1359971
--	------------------------

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)
7-14-14	Ralph Sartori Petaluma, Ca. 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
7-24-14	Nancy Dowling San Rafael, Ca. 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager	200.00	200.00	
7-24-14	Michael Palmer Santa Rosa, Ca. 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect	200.00	200.00	
7-24-14	Robert Stein Berkeley, Ca. 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	200.00	200.00	
7-24-14	Doyle Heaton Pleasant Hill, Ca. 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner – Falcon Point Associates	200.00	200.00	
<b>SUBTOTAL \$</b>				<b>825.00</b>		

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 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		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>9</u> of <u>11</u>

NAME OF FILER Chris Albertson for City Council 2014	I.D. NUMBER 1359971
--	------------------------

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)
7-24-14	Tammy Buckley Concord, Ca. 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager – DGR	200.00	200.00	
7-24-14	Alysse Rueckert Danville, Ca. 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.P.A.	200.00	200.00	
7-24-14	Gregg Heaton Walnut Creek, Ca. 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner – DRG Builders	200.00	200.00	
7-25-14	George Vila Richmond, Ca. 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
7-25-14	Eugene Ceccotti Petaluma, Ca. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner – Shamrock Materials	200.00	200.00	

**SUBTOTAL \$ 1000.00**

\*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  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>10</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Albertson for City Council 2014

I.D. NUMBER

1359971

**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
U.S. Post Office	POS		100 Stamps	49.00
City of Petaluma Petaluma, CA 94952	FIL		Filing Fees	1248.00
Belaire Display Richmond, Ca 94804	PRT		Campaign Signs	2,561.50

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

**SUBTOTAL \$ 3858.50**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	6804.88
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>6804.88</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	09/30/2014	Page <u>11</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Chris Albertson for City Council 2014		1359971

SEE INSTRUCTIONS ON REVERSE

**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
Rex Hardware Petaluma, Ca 94952	OFC		Plastic Ties	31.00
Rotary of Petaluma Petaluma, CA 94955	CTB		Golf Tournament Sponsor (advertisement)	250.00
Staples Petaluma, Ca. 94954	OFC		Ink and Paper	80.93
U.S. Post Office	POS		P.O. Box for 6 months	\$31.00
Advantage Marketing 455 Tesconi Circle Santa Rosa, Ca 95401	LIT		Campaign Handouts	2,553.45

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

**SUBTOTAL \$ 2946.38**