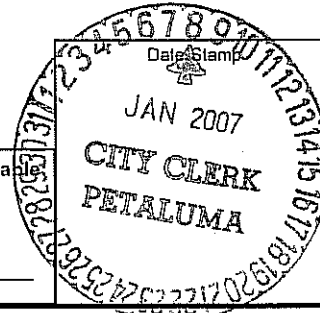


**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE



**CALIFORNIA FORM 460**

Page 1 of 3  
For Official Use Only

Statement covers period from <u>10/22/2006</u> through <u>11/2/2006</u>	Date of election if applicable (Month, Day, Year) <u>11/7/2006</u>
---	--

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><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <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/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small>                       | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br><u>Revision of Schedule F - Accrued Expenses amounts</u> |   |

**3. Committee Information**

I.D. NUMBER  
1286593

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

Committee to Elect Teresa Barrett

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94953

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Frances Wilson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94954

NAME OF ASSISTANT TREASURER, IF ANY

Teresa Barrett

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma, CA 94952

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 1/5/07  
Date

Executed on 1/5/07  
Date

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

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

By Frances Wilson  
Signature of Treasurer or Assistant Treasurer

By Teresa Barrett  
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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/22/2006</u> through <u>11/2/2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>3</u>
	I.D. NUMBER 1286593

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Teresa Barrett

**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>610.00</u>	\$ <u>18490.56</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>610.00</u>	\$ <u>18490.56</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>224.04</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>610.00</u>	\$ <u>18714.60</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>-0-</u>	\$ <u>12252.68</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>-0-</u>	\$ <u>12252.68</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>1042.44</u>	\$ <u>1042.44</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>224.04</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1042.44</u>	\$ <u>13519.16</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>5629.08</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>610.00</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>-0-</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>6239.08</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>

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

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>10/22/2006</u> through <u>11/2/2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER 12865

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Teresa Barrett

**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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Guarantee Mailing 49 Larkspur Street San Rafael, CA 94901	LIT	-0-	586.42	-0-	586.42
Pacific Print Resources 1259 Park Avenue Emeryville, CA 94608	LIT	-0-	456.02	-0-	456.02
	<b>SUBTOTALS \$</b>		<b>\$</b>	<b>\$</b>	<b>\$ 1042.44</b>

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	<u>1042.44</u>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	<u>-0-</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	<u>1042.44</u> <small>May be a negative number</small>