

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp OCT 31 2008	CALIFORNIA FORM 460
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	A For Official Use Only

Statement covers period from <u>10/01/2008</u> through <u>10/18/2008</u>	Date of Election if applicable: (Month, Day, Year) <u>11/04/2008</u>
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1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

To include Michael Neal's occupation & employer on Schedule A.

3. Committee Information

I.D. NUMBER
1309880

COMMITTEE NAME

David Glass for Petaluma City Council

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

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Anita Varricke

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94952

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 10/31/08
DATE

Executed on 10/31/08
DATE

Executed on _____
DATE

Executed on _____
DATE

By Anita Varricke
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By David A. Glass
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

Schedule A (Continuation Sheet)
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/01/2008</u> through <u>10/18/2008</u>	CALIFORNIA FORM 460
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NAME OF FILER Mr. David Glass, David Glass for Petaluma City Council

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)
10/17/2008	Mr. Michael Neal ██████████ Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President of Technology Harry McCune Sound Service	100.00	100.00	100.00 (G08)
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SUBTOTAL \$				100.00		