

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED OCT 23 2014 CITY CLERK	CALIFORNIA FORM 460
	Page 1 of 10 For Official Use Only

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	Date of Election if applicable <u>11/04/2014</u> (Month, Day, Year)
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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

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information I.D. Number 1353914

COMMITTEE NAME
David Glass for Mayor 2014

STREET ADDRESS (NO PO BOX)

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
David Glass

STREET ADDRESS

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 10/23/14 By David Glass
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/23/14 By David Glass
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 10/01/2014
through 10/18/2014

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mr. David Glass

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor City of Petaluma

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 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 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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	
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NAME OF FILER David Glass for Mayor 2014

I.D. NUMBER
1353914

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 1,020.00	\$ 18,212.00
2. Loans Received Schedule B, Line 3	0.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 1,020.00	\$ 23,212.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	635.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$ 1,020.00	\$ 23,847.00

**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	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 4,740.22	\$ 20,491.50
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 4,740.22	\$ 20,491.50
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	635.00
11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	\$ 4,740.22	\$ 21,126.50

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____

_____ \$ _____

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 21,547.83
13. Cash Receipts Column A, Line 3 above	1,020.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	4,740.22
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 17,827.61
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 5,000.00

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

**Schedule A
Monetary Contributions Received**

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
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NAME OF FILER David Glass for Mayor 2014

I.D. NUMBER
1353914

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2014	Holly Butler Petaluma, CA 94954	IND	Interim Director Petaluma Arts Center	100.00	150.00	225 (G14)
10/12/2014	Buck Crowley Petaluma, CA 94952	IND	General Contractor Self-empl no sep business name	50.00	50.00	50 (G14)
10/14/2014	Good Jobs PAC A Sponsored Committee of Unite Here! Local 2850 Oakland, CA 94612	COM	ID No. 1302168	200.00	200.00	200 (G14)
10/14/2014	Myrita Henry Petaluma, CA 94952	IND	Chief Financial Officer Education Management & Assist Corp	100.00	100.00	100 (G14)

SUBTOTAL \$ 450.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 1,000.00
2. Amount received this period - unitemized	\$ 20.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	TOTAL \$ 1,020.00

** 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**

SCHEDULE A

Statement covers period from 10/01/2014 through 10/18/2014	CALIFORNIA FORM 460
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NAME OF FILER David Glass for Mayor 2014

I.D. NUMBER
1353914

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2014	Grayson James Petaluma, CA 94952 ✓	IND	Executive Petaluma Bountu	50.00	50.00	50 (G14)
10/15/2014	Susan Kirks Petaluma, CA 94952 ✓	IND	Acupuncturist Self-Empl no sep business name	150.00	150.00	175 (G14)
10/07/2014	Robert Liroff Petaluma, CA 94952 ✓	IND	Teacher Petaluma High School	25.00	25.00	25 (G14)
10/14/2014	Sheet Metal Workers' International Association Local 104 PAC San Ramon, CA 94583	COM	ID No. 850381	200.00	200.00	200 (G14)

SUBTOTAL \$ 425.00

** 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**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
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NAME OF FILER David Glass for Mayor 2014

I.D. NUMBER
1353914

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2014	William M. Shonbrun Sonoma, CA 95476	IND	Writer Self-empl no separate business name	10.00	25.00	25 (G14)
10/14/2014	Jay B. Silverberg Petaluma, CA 94952	IND	Public Relations Silverberg Communications	90.00	90.00	90 (G14)
10/12/2014	Hank Zucker Petaluma, CA 94952	IND	Programmer Creative Research Systems	25.00	25.00	25 (G14)

SUBTOTAL \$ 125.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>David Glass for Mayor 2014</u>	I.D. NUMBER <u>1353914</u>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
David Glass	Mayor	5,000.00		<input type="checkbox"/> PAID	5000.00	0.00	5,000.00	CALENDAR YEAR 0
Petaluma, CA 94952	City of Petaluma			<input type="checkbox"/> FORGIVEN	DUE DATE 12/31/2015	INTEREST RATE 0.00 %	DATE INCURRED 12/04/2012	PER ELECTION ** 5,000 (G14)
Contributor Code: IND								

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 5,000.00	(e) 0.00	
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(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 \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

** 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**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 8 of 10

NAME OF FILER David Glass for Mayor 2014

I.D. NUMBER
1353914

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Peggy Bimbi Santa Rosa, CA 95404	PRO		264.40
Discover Card Salt Lake City, UT 84120		See Schedule G for payees reaching disclosure threshold.	490.00
Unicorn Group Novato, CA 94949	LIT		1,148.72
SUBTOTAL \$			1,903.12

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,704.93
2. Unitemized payments made this period of under \$100	\$ 35.29
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4,740.22

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

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 9 of 10
NAME OF FILER David Glass for Mayor 2014		I.D. NUMBER 1353914

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Unicorn Group Novato, CA 94949	POS	2,801.81

SUBTOTAL \$ 2,801.81

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 10 of 10

NAME OF FILER David Glass for Mayor 2014	I.D. NUMBER 1353914
NAME OF AGENT OR INDEPENDENT CONTRACTOR Discover Card	

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
USPS Petaluma, CA 94952	POS		490.00

TOTAL \$ 490.00