

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED JUL 30 2014 CITY CLERK	CALIFORNIA FORM 460
	Page _____ of _____ For Official Use Only

Statement covers period from <u>January 1, 2014</u> through <u>June 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 | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input 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
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1367378

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

Dave King for City Council 2014

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

Warren Dranit

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 7/30/2014
Date

Executed on 7/30/2014
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

CALIFORNIA FORM	460
Page _____ of _____	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
David C. King				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Petaluma 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. 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, 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

Statement covers period from <u>January 1, 2014</u>	CALIFORNIA FORM 460
through <u>June 30, 2014</u>	
Page _____ of _____	I.D. NUMBER 1367378

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King 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>8999.00</u>	\$ <u>8999.00</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>8999.00</u>	\$ <u>8999.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>75.50</u>	<u>75.50</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>9074.50</u>	\$ <u>9074.50</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1074.93</u>	\$ <u>1074.93</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>1074.93</u>	\$ <u>1074.93</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>75.50</u>	<u>75.50</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1150.43</u>	\$ <u>1150.43</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>0</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>8999.00</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>1074.93</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>7924.07</u>

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

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

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>January 1, 2014</u> through <u>June 30, 2014</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1367378

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King for City Council 2014

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)
	See Attached Continuation Sheets	<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				
		<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				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8999.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ n/a
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8999.00

***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
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>January 1, 2014</u>	CALIFORNIA FORM 460
through <u>June 30, 2014</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King for City Council 2014

Date Received	Amount	Last Name	First Name	Street	City	State	Zip Code	Contrib Code	Occupation	Employer
5/30/2014	\$ 100.00	King	David		Petaluma	CA	94952	IND	Attorney	Law Offices of David C. King
6/5/2014	\$ 200.00	Hempel	Elece		Petaluma	CA	94954	IND	Executive Director	Petaluma People Services Center
6/6/2014	\$ 200.00	Dranit	Warren		Petaluma	CA	94952	IND	Attorney	Spaulding McCullough & Tansil LLP
6/6/2014	\$ 150.00	Obrien	Anthony		Petaluma	CA	94952	IND	President & CEO	Top Speed Data Communications, Inc.
6/6/2014	\$ 50.00	Bradley	Thomas G.		Petaluma	CA	94952	IND		
6/6/2014	\$ 150.00	Benedetti-Petnic	Gina		Petaluma	CA	94952	IND	Project Manager	Devcon Construction Incorporated
6/7/2014	\$ 200.00	Haddock	David		Petaluma	CA	94952	IND	President	Investment Architects, Inc.
6/7/2014	\$ 200.00	Tamura	Todd M.		Petaluma	CA	94952	IND	Environmental Consultant	Tamura Environmental, Inc.
6/7/2014	\$ 200.00	Lindsay	Stephen C.		Petaluma	CA	94952	IND	Wine Sales/Marketing	O'Neill Vintners
6/8/2014	\$ 200.00	Behm	J. Peter		Petaluma	CA	94952	IND	Home Inspector	Heritage Home Inspections
6/8/2014	\$ 200.00	Behm	Molly D.		Petaluma	CA	94952	IND	Teacher	Petaluma Junior High School
6/11/2014	\$ 200.00	Imm	Gary		Petaluma	CA	94952	IND	Retired	
6/12/2014	\$ 100.00	Bisson	Barry		Petaluma	CA	94952	IND	Sales Engineer	Sumo Logic
6/13/2014	\$ 50.00	Reinstein	Andrew		Petaluma	CA	94952	IND		
6/14/2014	\$ 100.00	Bennett	Donald		Petaluma	CA	94954	IND	Business Writer	Don Benett & Associates
6/16/2014	\$ 100.00	Adams	Kathleen		Penngrove	CA	94951	IND	Licensed Clinical Social Worker	None
6/17/2014	\$ 100.00	Burger	Karin		Petaluma	CA	94952	IND	Retired	
6/17/2014	\$ 100.00	Burger	Richard		Petaluma	CA	94952	IND	Attorney	Law Office of Richard Burger
6/18/2014	\$ 200.00	King	John		Petaluma	CA	94952	IND	Attorney	Anderson, Zeigler, Disharoon, Gallagher & Gray
6/18/2014	\$ 200.00	Klump	Gina Rae		Petaluma	CA	94952	IND	Attorney	Law Offices of Gina Rae Klump
6/18/2014	\$ 100.00	Century 21 Bundesen			Petaluma	CA	94952	OTH		
6/19/2014	\$ 200.00	CSW/Stuber-Stroeh Engineering Group			Novato	CA	94949	OTH		
6/20/2014	\$ 100.00	Piotrkowski	Irv		Petaluma	CA	94952	IND	Attorney	Law Office of Irv Piotrkowski
6/23/2014	\$ 50.00	Jaffe	Allan		Petaluma	CA	94952	IND	Sales	Top Speed Data Communications, Inc.
6/23/2014	\$ 100.00	Tom Lewis Restoration and Consulting, Inc.			San Francisco	CA	94103	OTH		
6/24/2014	\$ 100.00	Bundesen Investments			Petaluma	CA	94952	OTH		
6/25/2014	\$ 200.00	Thuesen	Victor		Petaluma	CA	94952	IND	Attorney	Law Office of Victor Thuesen
6/25/2014	\$ 50.00	Bunn	Joan M.		Petaluma	CA	94954	IND		
6/25/2014	\$ 200.00	Drobnick	Teri		Petaluma	CA	94952	IND	Artist	None
6/26/2014	\$ 200.00	King	Lawrence		Petaluma	CA	94952	IND	Attorney	Law Office of Lawrence King
6/26/2014	\$ 200.00	Molland	Michael		Petaluma	CA	94952	IND	Attorney	Law Office of Michael Molland
6/26/2014	\$ 35.00	Granger	Pamela		Petaluma	CA	94952	IND		
6/26/2014	\$ 200.00	Wagner	Marion		Petaluma	CA	94952	IND	Mortgage Loan Officer	Umpqua Bank
6/26/2014	\$ 200.00	Kagin	Rebecca		Petaluma	CA	94952	IND	Attorney	Law Office of Rebecca Kagin
6/26/2014	\$ 200.00	Hale	Peter		Petaluma	CA	94952	IND	Hardwood Floors	Hale Hardwoods
6/26/2014	\$ 50.00	Tambe	Joseph		Petaluma	CA	94952	IND		
6/26/2014	\$ 40.00	Matzo	Stephanie		Petaluma	CA	94952	IND		

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from January 1, 2014	CALIFORNIA FORM 460
through June 30, 2014	
Page _____ of _____	ID NUMBER 1357378

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King for City Council 2014

Date Received	Amount	Last Name	First Name	Street	City	State	Zip Code	Contrib Code	Occupation	Employer
6/26/2014	\$ 100.00	Goguen	Gerald		Petaluma	CA	94952	IND	Manager	Internal Revenue Service
6/26/2014	\$ 99.00	Michaile	Sherie		Petaluma	CA	94952	IND		
6/26/2014	\$ 200.00	Laporte	Jennifer		Petaluma	CA	94952	IND	Not employed	
6/26/2014	\$ 200.00	Turner	Karen		Petaluma	CA	94952	IND	Not employed	
6/26/2014	\$ 200.00	Turner	Robert		Petaluma	CA	94952	IND	President	EMG Pickups
6/26/2014	\$ 100.00	Bechler	Elaine		Petaluma	CA	94952	IND	Teacher	Santa Rosa City Schools
6/26/2014	\$ 50.00	Maciel	Alan		Petaluma	CA	94952	IND		
6/26/2014	\$ 100.00	Edmondson	Catherine		Petaluma	CA	94952	IND	Not employed	
6/26/2014	\$ 50.00	Saly	Martha		Rohnert Park	CA	94928	IND		
6/26/2014	\$ 100.00	Knapp	Muriel		Petaluma	CA	94952	IND	Retired	
6/26/2014	\$ 100.00	Haas	Katie		Petaluma	CA	94952	IND	Artist	None
6/26/2014	\$ 100.00	Lonkevich	Daniel		Petaluma	CA	94952	IND	Senior Editor	The Deal (a unit of The Street)
6/26/2014	\$ 100.00	McDonald	Jane		Petaluma	CA	94952	IND	Artist	Jane McDonald Ceramics
6/26/2014	\$ 25.00	Sunday	Laura		Petaluma	CA	94952	IND		
6/26/2014	\$ 200.00	Rabbitt	Jane		Petaluma	CA	94952	IND	Nurse	U.C. San Francisco
		Friends of David Rabbitt for								
6/26/2014	\$ 200.00	Supervisor 2014 (FPPC #1324808)			Petaluma	CA	94953	COM		
6/26/2014	\$ 50.00	Brasseur	Sally		Petaluma	CA	94954	IND		
6/28/2014	\$ 50.00	Glose	Kate		Petaluma	CA	94954	IND		
6/30/2014	\$ 50.00	Krout	Andrea		Petaluma	CA	94952	IND		
6/30/2014	\$ 200.00	O'Connor	Barbara		Verona	NJ	07044	IND	Retired	
6/30/2014	\$ 100.00	O'Connor	Michael		Verona	NJ	07044	IND	Psychiatrist	None
6/30/2014	\$ 100.00	Benedetti	Dante		Petaluma	CA	94952	IND	Executive	Clover Stornetta Farms
6/30/2014	\$ 200.00	Hansel	Henry		Santa Rosa	CA	95401	IND	Owner	Hansel Honda
6/30/2014	\$ 200.00	Palmer	Michael		Santa Rosa	CA	95405	IND	Architect	None
6/30/2014	\$ 200.00	Dowling	Nancy		San Rafael	CA	94901	IND	Property Manager	1360 McDowell, LLC
6/30/2014	\$ 200.00	Vila	George P.		Richmond	CA	94804	IND	Retired	
6/30/2014	\$ 200.00	LaFranchi	Steven J.		Petaluma	CA	94952	IND	President	LaFranchi & Associates
6/30/2014	\$ 200.00	Bill Management LLC			Santa Rosa	CA	95403	OTH		
6/30/2014	\$ 100.00	Keegan & Coppin Company, Inc.			Santa Rosa	CA	95401	OTH		

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>January 1, 2014</u> through <u>June 30, 2014</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King for City Council 2014

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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$						\$	\$	\$

Schedule B Summary

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

- Loans received this period \$ None
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ None
(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 \$ None
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.

SCHEDULE C

Statement covers period
from January 1, 2014
through June 30, 2014

**CALIFORNIA
FORM 460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dave King for City Council 2014

I.D. NUMBER

1367378

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)
6/25/2014	Devcon Construction Inc Petaluma, CA 94954	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		foam core poster	75.50	75.50	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 75.50
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ n/a
- 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 \$** 75.50

***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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

Statement covers period from <u>January 1, 2014</u> through <u>June 30, 2014</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave King for City Council 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ None
- Unitemized contributions and independent expenditures made this period of under \$100 \$ None
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** None

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>January 1, 2014</u> through <u>June 30, 2014</u>	CALIFORNIA FORM 460
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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
Costco 5901 Redwood Drive Rohnert Park, CA 94928-2076	FND		286.38
All American Printing P.O. Box 750363 Petaluma, CA 94975	CMP		350.71
Grove Street Brokers. 9100 Poplar Ave. Cotati, CA 94931	FND		164.00

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

SUBTOTAL \$ 801.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	801.09
2. Unitemized payments made this period of under \$100	\$	273.84
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	n/a
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	1074.93

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from January 1, 2014
through June 30, 2014

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

Table of codes: CMP campaign paraphernalia/misc., CNS campaign consultants, CTB contribution (explain nonmonetary)*, CVC civic donations, FIL candidate filing/ballot fees, FND fundraising events, IND independent expenditure supporting/opposing others (explain)*, LEG legal defense, LT campaign literature and mailings, MBR member communications, MTG meetings and appearances, OFC office expenses, PET petition circulating, PHO phone banks, POL polling and survey research, POS postage, delivery and messenger services, PRO professional services (legal, accounting), PRT print ads, RAD radio airtime and production costs, RFD returned contributions, SAL campaign workers' salaries, TEL t.v. or cable airtime and production costs, TRC candidate travel, lodging, and meals, TRS staff/spouse travel, lodging, and meals, TSF transfer between committees of the same candidate/sponsor, VOT voter registration, WEB information technology costs (internet, e-mail)

Table with 6 columns: 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

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

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.) INCURRED TOTALS \$ None
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.) PAID TOTALS \$ None
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ None
May be a negative number

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

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

SCHEDULE G

Statement covers period from <u>January 1, 2014</u>	CALIFORNIA FORM 460
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ None

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

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

Statement covers period
from January 1, 2014
through June 30, 2014

SCHEDULE H
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

- Loans made this period \$ None
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ None
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ None
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ None
- 2. Unitemized increases to cash of under \$100 this period. \$ None
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ None
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** None