

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 8

For Official Use Only

Statement covers period

from 7-1-05

through 12-31-05

Date of election if applicable:

(Month, Day, Year)

N/A

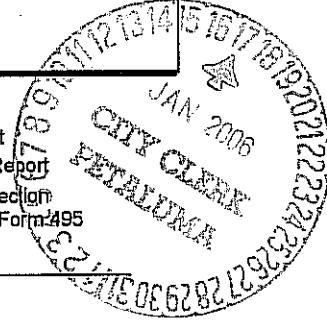
SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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



3. Committee Information

I.D. NUMBER

1219624

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

COMMITTEE TO ELECT MIKE O'BALLEN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

RICHARD E. SIMMONS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

NONE

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 Jan. 17, 2006

Date

Executed on 1-17-06

Date

Executed on _____

Date

Executed on _____

Date

By Richard E. Simmons

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

CALIFORNIA FORM 460
Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MICHAEL D. O'BRIEN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

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 <u>N/A</u> | 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 <u>N/A</u> | 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
N/A

| | | |
|----------------------|--------------|---|
| 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 <u>N/A</u> | 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>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| | I.D. NUMBER <u>1219624</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MICHAEL D. O'BRIEN

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL O' DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 2. Loans Received Schedule B, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>0</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

N/A

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

| | | |
|---|--------------------|--------------------|
| 6. Payments Made Schedule E, Line 4 | \$ <u>2,811.92</u> | \$ <u>3,829.74</u> |
| 7. Loans Made Schedule H, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>2,811.92</u> | \$ <u>3,829.74</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>2,811.92</u> | \$ <u>3,829.74</u> |

**Expenditure Limit Summary for State
Candidates**

N/A

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 Previous Summary Page, Line 16 | \$ <u>23,614.05</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>0</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>122.00</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>2,811.92</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>20,924.13</u> |

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

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).

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

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

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

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>8</u> | I.D. NUMBER <u>1219624</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MICHAEL D. O'BRIEN

| 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) |
|---|--|--|---------------------------|--------------------------|---|------------------------------------|
| <u>10-4-05</u> | <u>JOE NATION FOR U.S. CONGRESS SIXTH CONGRESSIONAL DISTRICT FEC # C00384148 TAX ID # 72-1557862</u> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | <u>200.⁰⁰</u> | <u>200.⁰⁰</u> | |
| | <input checked="" 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 | | | | | |
| SUBTOTAL \$ <u>200.⁰⁰</u> | | | | | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 200.⁰⁰
- Unitemized contributions and independent expenditures made this period of under \$100 \$ —
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 200.⁰⁰

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>8</u> | I.D. NUMBER <u>1219624</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MICHAEL D. O'BRIEN

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>SONOMA VALLEY HIGH SCHOOL FFA PROGRAM C/O OLIVIA SUTSOS 2000 BROADWAY SONOMA, CA 95476</u> | <u>CVC</u> | | <u>\$600.⁰⁰</u> |
| <u>PETALUMA ELKS LODGE #901 CHARITY GOLF TOURNAMENT 2105 SO. McDOWELL BLVD. PETALUMA, CA 94954</u> | <u>CVC</u> | | <u>\$230.⁰⁰</u> |
| <u>PETALUMA ELKS LODGE #901 FINESTARS APPRECIATION DINNER 2105 SO. McDOWELL BLVD. PETALUMA, CA 94954</u> | <u>CVC</u> | | <u>\$200.⁰⁰</u> |

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

SUBTOTAL \$ 1,030.⁰⁰

Schedule E Summary

| | |
|--|--|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>2,811.⁹²</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>2,811.⁹²</u> |

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

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

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>8</u> |
| | I.D. NUMBER <u>121 9624</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MICHAEL D. O'BRIEN

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>PETALUMA POLICE OFFICERS' ASSN. 969 PETALUMA BLVD. NORTH PETALUMA, CA 94952</u> | <u>MTG</u> | | <u>160.⁰⁰</u> |
| <u>PETALUMA ELKS LODGE 2105 NO. McDOWELL BLVD. PETALUMA, CA 94954</u> | <u>FND</u> | <u>MURRAY FOR STATE ASSEMBLY FUNDRAISER HALL RENTAL SUBJECT TO REIMBURSEMENT</u> | <u>125.⁰⁰</u> |
| <u>USPS PETALUMA 94954</u> | <u>FND</u> | <u>POSTAGE FOR MURRAY FOR STATE ASSEMBLY FUNDRAISER INVITATIONS SUBJECT TO REIMBURSEMENT</u> | <u>222.⁰⁰</u> |
| <u>JOB NATION FOR U.S. CONGRESS P.O. BOX 9374 SAN RAFAEL, CA 94912</u> | <u>CTB</u> | | <u>200.⁰⁰</u> |
| <u>PETALUMA MINUTEMAN PRESS 1050 PETALUMA BLVD. NORTH PETALUMA, CA 94952</u> | <u>FND</u> | <u>INVITATION FOR MURRAY FOR STATE ASSEMBLY FUNDRAISER SUBJECT TO REIMBURSEMENT</u> | <u>70.⁰⁴</u> |

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

SUBTOTAL \$ 777.⁰⁴

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

SCHEDULE E (CONT.)

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

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>8</u> |
| | I.D. NUMBER <u>1219624</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MICHAEL D. O'BRIEN

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>ROSE CATERING 600 MARTIN AVE., #105 ROHNERT PARK, CA 94928</u> | <u>FND</u> | <u>MURRAY FOR STATE ASSEMBLY FUNDRAISER SUBJECT TO REIMBURSEMENT</u> | <u>444.47</u> |
| <u>G & G MARKET 701 SONOMA MOUNTAIN PKWY PETALUMA, CA 94954</u> | <u>FND</u> | | <u>144.10</u> |
| <u>COSTCO 5901 REDWOOD DR ROHNERT PARK, CA 94928</u> | <u>FND</u> | | <u>365.36</u> |
| <u>TRADER JOE'S 169 NORTA McDOWELL BLVD. PETALUMA, CA 94954</u> | <u>FND</u> | | <u>50.95</u> |
| | | | |

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

SUBTOTAL \$ 1,004.88

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>7-1-05</u> through <u>12-31-05</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-----------------------------------|
| NAME OF FILER <u>MICHAEL D. O'BRIEN</u> | I.D. NUMBER <u>1219624</u> |
|--|-----------------------------------|

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|-----------------|---|---|----------------------------|
| <u>10-11-05</u> | <u>CLEAR CHANNEL OUTDOOR, INC. P.O. BOX 659512 SAN ANTONIO, TX 78265-9512</u> | <u>REFUND FOR OVERPAYMENT OF CAMPAIGN ADVERTISEMENTS MADE 10-6-04</u> | <u>122.00</u> |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 122.00

Schedule I Summary

| | |
|---|-------------------------------|
| 1. Increases to cash of \$100 or more this period. | \$ <u>122.00</u> |
| 2. Unitemized increases to cash under \$100 this period. | \$ <u>0</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$ <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ <u>122.00</u> |