

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|   |                                |
|---|--------------------------------|
| Date Stamp<br><b>RECEIVED</b><br>NOV 04 2016<br><b>CITY CLERK</b> | <b>CALIFORNIA<br/>FORM 460</b> |
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|   | For Official Use Only          |

|  |  |
|--|--|
| Statement covers period<br>from 01/01/2016<br>through 09/24/2016 | Date of Election if applicable<br>11/08/2016<br>(Month, Day, Year) |
|--|--|

**1. Type of Recipient Committee**

- |  |  |
|--|--|
| <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  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-Annual Statement             | <input type="checkbox"/> Special Odd-Year Statement                            |
| <input type="checkbox"/> Termination Statement             | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment              |  |

To include an inadvertently omitted in-kind contribution

**3. Committee Information**

I.D. Number 1388804

COMMITTEE NAME  
Bill Wolpert for Petaluma City Council 2016

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Dave Alden

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

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 11/4/16

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/4/16

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Schedule C  
Nonmonetary Contributions Received**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2016 |                                |
| through                 | 09/24/2016 | Page 3 of 3                    |

NAME OF FILER Bill Wolpert for Petaluma City Council 2016

I.D. NUMBER  
1388804

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR CODE | OCCUPATION & EMPLOYER OR COMMITTEE ID NO. | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|------------------|---|----------------------------------|---------------------------|---|------------------------------------|
| 09/21/2016    | Aqus Cafe LLC<br><br>Petaluma, CA 94952               | OTH              |   | Fundraising food & beverage      | 200.00                    | 200.00  | 200 (G16)                          |

**SUBTOTAL \$** 200.00

**Schedule C Summary**

|   |                 |               |
|---|-----------------|---------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule C subtotals) . . . . .  | \$              | 200.00        |
| 2. Amount received this period - unitemized . . . . .   | \$              | 0.00          |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.) . . . . . | <b>TOTAL \$</b> | <u>200.00</u> |

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