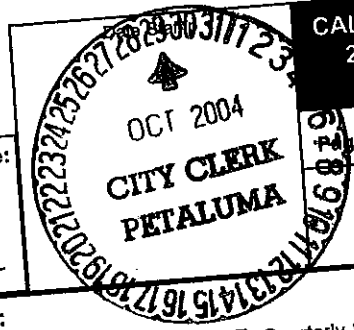


Type or print in ink.



Date 1 of 9 For Official Use Only

Statement covers period from 10/16/2004 through 10/28/2004

Date of election if applicable: (Month, Day, Year) 11/02/2004

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee... [] Ballot Measure Committee... [] General Purpose Committee...

2. Type of Statement: [X] 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 1263038 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRIENDS OF KAREN NAU STREET ADDRESS (NO P.O. BOX) CITY PETALUMA STATE CA 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 KPetersenNau@aol.com

Treasurer(s)

NAME OF TREASURER B MARSHALL WEST MAILING ADDRESS CITY PETALUMA STATE CA ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS KarenNauFinance@aol.com

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 10/29/2004 Date Executed on 10/29/2004 Date Executed on Date Executed on Date

By B. Marshall West Signature of Treasurer or Assistant Treasurer By Karen M. Nau 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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: KAREN NAU
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): CITY COUNCIL - CITY OF PETALUMA
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone.

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION SUPPORT 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.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

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>10/16/2004</u> through <u>10/28/2004</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1263038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAREN NAV

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>5650.00</u>	\$ <u>27733.00</u>
2. Loans Received Schedule B, Line 3	-	-
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5650.00</u>	\$ <u>27733.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	-	<u>100.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>5650.00</u>	\$ <u>27833.00</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 Schedule E, Line 4	\$ <u>6515.79</u>	\$ <u>22455.34</u>
7. Loans Made Schedule H, Line 3	-	-
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6515.79</u>	\$ <u>22455.34</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-	-
10. Nonmonetary Adjustment Schedule C, Line 3	-	-
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6515.79</u>	\$ <u>22455.34</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 Previous Summary Page, Line 16	\$ <u>6143.45</u>
13. Cash Receipts Column A, Line 3 above	<u>5650.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	-
15. Cash Payments Column A, Line 8 above	<u>6515.79</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5277.66</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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/16/2004	
through	10/28/2004	Page <u>4</u> of <u>9</u>
		I.D. NUMBER 1263038

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAREN NAU

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
ARGUS COURIER - PD [REDACTED]	PRT		113.38

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

SUBTOTAL \$ 113.38

Schedule E Summary

- | | |
|--|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 6515.79 |
| 2. Unitemized payments made this period of under \$100 | \$ - |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ - |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 6515.79 |

**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>10/16/2004</u> through <u>10/28/2004</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>9</u>
	I.D. NUMBER 1263038

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

KAREN NAU

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
DELPHI ADVERTISING [REDACTED]	CMP		4075.96
DELPHI ADVERTISING [REDACTED]	CNS		1000.00
LEW PETERSON [REDACTED]	MTG		627.80
MERIDIAN PACIFIC [REDACTED]	PHO		583.65
RUSTAD MARKETING [REDACTED]	PRO		115.00

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

SUBTOTAL \$ 6402.41

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/16/2004	
through	10/28/2004	Page <u>6</u> of <u>9</u>
I.D. NUMBER		1263038

NAME OF FILER

KAREN NAU

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)
10/19/04	AGS SPANOS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	250 ⁰⁰		
10/19/04	Mc Devitt & Mc Devitt [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	200 ⁰⁰		
10/19/04	MMM ENTERPRISES LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	100 ⁰⁰		
10/19/04	EDMUND BRUSH [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 ⁰⁰		
10/19/04	DEWEY THOMAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	200 ⁰⁰	
SUBTOTAL \$				750⁰⁰		

*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/16/2004</u> through <u>10/28/2004</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>
	I.D. NUMBER 1263038

NAME OF FILER KAREN NAU

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)
10/19/04	JANET THOMAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰		
10/19/04	MESA/BOOGIE LTD [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	200 ⁰⁰		
10/19/04	DONALD BREWER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RANCHER	100 ⁰⁰		
10/19/04	RYDER HOMES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	500 ⁰⁰		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				900⁰⁰		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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>10/16/2004</u> through <u>10/28/2004</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>9</u>
	I.D. NUMBER 1263038

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAREN NAU

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)
10/21/04	MONTONA & ASSOCIATES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	100 ⁰⁰		
10/21/04	SO. PETALUMA PARTNERS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/21/04	CREPAC # 890106 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/21/04	SONOMA COUNTY ALLIANCE # 791511 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/21/04	DEWEY THOMAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰		

SUBTOTAL \$ 1700⁰⁰

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5600⁰⁰
- Amount received this period – unitemized contributions of less than \$100 \$ 50⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 5650⁰⁰**

*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/16/2004</u> through <u>10/28/2004</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>9</u>	I.D. NUMBER <u>1263038</u>

NAME OF FILER
KAREN NAU

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)
10/19/04	HBA-PAC #761102 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/19/04	NORDBY CONSTRUCTION [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/19/04	DSL [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/19/04	NO. COAST BUILDERS EXC. PAC #810957 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500 ⁰⁰		
10/19/04	CMH CONSTRUCTION [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	250 ⁰⁰		
SUBTOTAL \$				2250⁰⁰		

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