

**Recipient Committee  
Campaign Statement  
Cover Page**

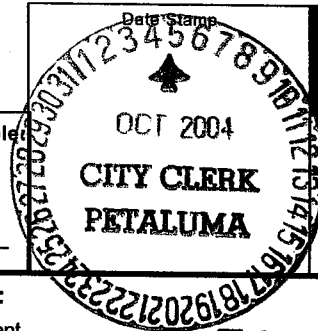
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460  
2001/02  
FORM

Page 1 of 18  
For Official Use Only



Statement covers period  
from 7-1-04  
through 9-30-04

Date of election if applicable  
(Month, Day, Year)  
11-2-04

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

**Treasurer(s)**

NAME OF TREASURER  
RICHARD E. SIMMONS

NAME OF ASSISTANT TREASURER, IF ANY  
NONE

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

COMMITTEE TO ELECT MIKE O'BRIEN

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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 Oct. 1, 2004  
Date

By Richard E. Simmons  
Signature of Treasurer or Assistant Treasurer

Executed on 10-1-04  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

**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

**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
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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
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**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>7-1-04</u> through <u>9-30-04</u>	CALIFORNIA FORM <b>460</b>
	Page <u>3</u> of <u>18</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>10,112.01</u>	\$ <u>27,876.01</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>10,112.01</u>	\$ <u>27,876.01</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>496.14</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>10,112.01</u>	\$ <u>28,352.15</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>20,493.08</u>	\$ <u>30,102.12</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>20,493.08</u>	\$ <u>30,102.12</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>496.14</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>20,493.08</u>	\$ <u>30,598.26</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>32,511.61</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>10,112.01</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>20,493.08</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>22,130.54</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	\$ <u>0</u>
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**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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>18</u>
	I.D. NUMBER <u>1219624</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MICHAEL J. O'BRIEN

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)
<u>8-6-04</u>	<u>THOMAS A. GRABBS</u> <u>1600</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REAL ESTATE DEVELOPER</u> <u>LOMAS DEVELOPMENT</u>	<u>\$300.00</u>		
<u>8-6-04</u>	<u>JEAN SALMON</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REAL ESTATE INVESTOR</u> <u>SELF-EMPLOYED INVESTOR</u>	<u>\$300.00</u>		
<u>8-6-04</u>	<u>JAMES D. LEVINE</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>PRINCIPAL</u> <u>UPSTREAM INVESTMENTS LLC</u>	<u>\$300.00</u>		
<u>8-30-04</u>	<u>AF SC ME LOCAL 675 PAC</u> <u>40 JOHN MATYJA</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$100.00</u>		
<u>9-1-04</u>	<u>T&amp;L SERVICES</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$500.00</u>		

**SUBTOTAL \$ 1,500.00**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 9,716.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 396.01
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 10,112.01**

\*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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>18</u>	I.D. NUMBER <u>1219624</u>

NAME OF FILER

MICHAEL D. O'BRIEN

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)
<u>9-1-04</u>	<u>PAF WHITE</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HOMEMAKER</u>	<u>\$500.00</u>		
<u>9-1-04</u>	<u>MELISSA WHITE</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HOMEMAKER</u>	<u>\$500.00</u>		
<u>8-30-04</u>	<u>SEE ATTACHED SPREADSHEETS</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$945.00</u>		
<u>9-9-04</u>	<u>PAUL LEWIS</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CEO, SELF-EMPLOYED BAR-ALE FEED WILLIAMS, CA</u>	<u>\$200.00</u>		
<u>9-13-04</u>	<u>K. WALTER HAAKE</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>OWNER, SELF-EMPLOYED FOUNDRY WHARF PETALUMA, CA 94952</u>	<u>\$100.00</u>		
<b>SUBTOTAL</b>				<u>\$2,245.00</u>		

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**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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>18</u>	I.D. NUMBER <u>1219624</u>

NAME OF FILER  
MICHAEL D. O'BRIEN

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)
9-29-04	MATTHEW SHERRILL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE CONSULTANT CONVERSION MANAGEMENT ASSOCIATES, INC.	\$500.00		
9-29-04	DANIEL G. LIBARIE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER LACE HOUSE LINENS	\$150.00		
9-29-04	ROGER NELSON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED MIDSTATE CONSTRUCTION	\$500.00		
9-29-04	ATM ENGINEERING	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
9-29-04	NORTH BAY LANDSCAPE MGT., INC.	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00		
<b>SUBTOTAL \$</b>				<u>1,750.00</u>		

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(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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>18</u>	I.D. NUMBER <u>1219624</u>

NAME OF FILER  
MICHAEL D. O'BRYEN

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)
9-29-04	CSW/STUBER-STROEN	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00		
9-29-04	SYAR INDUSTRIES	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
9-29-04	COBBLESTONE HOMES	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
9-29-04	KRISTAR ENTERPRISES, INC.	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00		
9-29-04	CAROLYN GAYE KEITH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00		
<b>SUBTOTAL \$</b>				<u>2,000.00</u>		

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(other than PTY or SCC)  
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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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>18</u>	I.D. NUMBER <u>1219624</u>

NAME OF FILER  
MICHAEL D. O'BRIEN

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)
9-29-04	SEE ATTACHED SPREADSHEETS	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2,221.00		
		<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				
				<b>SUBTOTAL \$ 2,221.00</b>		

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

Name of Filer: Michael D. O'Brien

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I.D. Number: 1219624

<b>Schedule A Period July 1 - September 30, 2004</b>					
<b>Date</b>	<b>Company</b>	<b>Name</b>	<b>Employer</b>	<b>Occupation</b>	<b>Donation Amount</b>
7/21/2004		Kurtin, Todd H.	Loomis Development	Real Estate Developer	\$300.00
9/29/2004		Stipe, Brad	Chelsea	Architect	\$100.00
7/21/2004		Johnson, Gerald C.	J. Cyril Johnson Inv. Corp.	President	\$200.00
7/21/2004		Johnson, Gerald C.	J. Cyril Johnson Inv. Corp.	President	\$200.00
7/21/2004	Mardel LLC				\$250.00
8/30/2004	Fred Dillett & Associates				\$300.00
7/21/2004	T & L Services, Inc.				\$70.00
9/29/2004	Centex Homes				\$500.00
8/30/2004	Mission Valley Properties		Mission Valley Properties	Owner	\$250.00
9/29/2004		Etzel, Fred	Henn, Etzel & Moore, Inc.	Attorney	\$100.00
7/21/2004		Boyett, Helen	N/A		\$50.00
8/30/2004		Richards, John L.			\$50.00
7/21/2004		Seltsam, Ave M.	CSS, Inc.	Security Exec.	\$25.00
7/21/2004	Operating Engineers Local 3				\$200.00
9/29/2004		Crump, Katie	City of Petaluma	Exec. Assistant	\$100.00
7/21/2004		Smith, Kimberly	N/A		\$50.00
7/21/2004	CSW/ Stuber-Stroeh				\$105.00
7/21/2004		Aguilar, Daniel	Mission Valley Properties	Developer	\$200.00
7/21/2004	Penngrove Hay & Grain				\$170.00
7/21/2004		Mattos, Mary	Retired		\$5.00
7/21/2004		Doberneck, Marion	N/A		\$25.00
7/21/2004		Cox, Bill	Retired		\$25.00
7/21/2004		Keka, Janice	Pathways Medical	Medical Billing Clerk	\$25.00
7/21/2004		Bard, Bonnie	Self Employed	Freelance Writer	\$35.00
7/21/2004		McDowell, Carol J.	Retired		\$35.00
7/21/2004	Lawrence A. Jonas, D.D.S.		Self Employed	Dentist	\$35.00
7/21/2004	Western Sales Group				\$50.00
7/21/2004		Mullins, Cecilia	N/A		\$50.00
7/21/2004		Slavich, Michael	World Savings	Lending Officer	\$50.00
7/21/2004		Graham, Patricia	N/A		\$50.00
7/21/2004	The Land Company				\$99.00
7/21/2004		Favot, Seth	Self Employed	Salesman	\$99.00

Name of Filer: Michael D. O'Brien

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I.D. Number: 1219624

7/21/2004	Northbay Landscape Management Inc.				\$100.00
7/21/2004		Wick, John T.	Berg Holdings	Planner	\$100.00
7/21/2004		O'Brien, Leslie	Albertson's	Checker	\$100.00
7/21/2004		Baker, Thomas	Westgate Real Estate	Realtor	\$135.00
8/30/2004		Buffo, Linda	Lipman & Associates	Real Estate Agent	\$50.00
8/30/2004		Goucher	City of Petaluma	Firefighter	\$50.00
8/30/2004		Battaglia, A. L. Jr.	Retired		\$50.00
9/29/2004	De Bei Roofing Supply, Inc.				\$99.00
9/29/2004		Alys, Alfred		Retired	\$99.00
9/29/2004		Mickelsen, Max A.	Self Employed	Attorney	\$100.00
9/29/2004	Rod Moore Attorney at Law				\$200.00
7/21/2004		Smith, Donald	Self Employed	Insurance Broker	\$50.00
7/21/2004	Jerry & Don's Pump & Well				\$100.00
7/21/2004		Tavares, Nancee	City of Petaluma	Mgr.-Animal Service	\$25.00
7/21/2004		Metz, Charles	Retired		\$25.00
7/21/2004		Pellegrini, Onita P.	Petaluma Cham. of Comm.	CEO	\$35.00
7/21/2004		Jensen, Mike	Retired		\$35.00
7/21/2004		Pfendler, Peter G.	Pfendler Ranches	Rancher	\$35.00
7/21/2004		Scharer, John	N/A		\$35.00
7/21/2004		Ferguson, Mark	West Coast Mortgage & Ins.	Mortgage Agent	\$50.00
7/21/2004		Caletti, Elizabeth A.	Mark Nizibian D.D.S.	Office Manager	\$50.00
7/21/2004		Lindquist, Ted C.	Retired		\$50.00
7/21/2004		Rundle, JoAnne	N/A		\$50.00
7/21/2004		Tidwell, Jerilyn	N/A		\$50.00
7/21/2004		Dalton, Janine	Royal Petroleum	Petroleum Jobber	\$50.00
7/21/2004		Colville, Tracey E.	Ghilotti Bros., Inc.	Operator Engineer	\$70.00
7/21/2004		Poole, Randy D.	Sonoma Co. Water Agency	Engineer	\$99.00
7/21/2004		Bennett, Donald	N/A		\$99.00
7/21/2004		Sears Teri A.	Petaluma Valley Hospital	Registered Nurse	\$100.00
7/21/2004		Collins, Terry	Papa Murphy's	Owner	\$100.00
8/30/2004		Carter, Pamela	County of Marin	Coroner Investigator	\$50.00
9/29/2004		Crandall, Marian			\$50.00
9/29/2004		Hronec, Linda		Registered Nurse	\$99.00
9/29/2004		Doran, Martin	Retired		\$250.00
7/21/2004	Lipman & Associates, Inc.				\$100.00
7/21/2004		Harris, G. Michael	CrossCheck	Senior Vice President	\$100.00
7/21/2004	Bank of Petaluma				\$100.00

Name of Filer: Michael D. O'Brien

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8/30/2004		Godfrey, Glenn H.	County of Marin	Deputy Sheriff	\$50.00
7/21/2004		Johnson, Mark	Acclaims Home Inc.	Custom Home Builder	\$250.00
7/21/2004	Pinnacle Homes				\$100.00
7/21/2004		Lawson, Craig	Pinnacle Homes	Owner	\$500.00
8/30/2004	Industrial Carting				\$70.00
7/21/2004		Bangsberg, Bert	N/A		\$35.00
7/21/2004		Dowd, Richard	Pinnacle Homes	Owner	\$500.00
9/29/2004		Young, Harry III	Self Employed	Loan broker	\$75.00
9/29/2004		Johnson, Colene		Housewife	\$99.00
9/29/2004	S/M/L/ Co. Bldg./Const.	Trades Council			\$150.00
7/21/2004		Benedetti, Marilyn		Retired	\$100.00
7/21/2004		Lazar, Laurence J.	Loomis Development	Real Estate Developer	\$300.00
9/29/2004	Sheet Metal Workers' Local Union 104				\$200.00
7/21/2004		Bundesen, Barbara	Self Employed	Realtor	\$35.00
7/21/2004		Breen, Robert, J.	Retired		\$35.00
7/21/2004		Breen, Robert J.	Retired		\$50.00
7/21/2004	J & P Loomis Family Trust		CPS Golden land Realty	Real estate agent	\$50.00
7/21/2004		Nizibian, Mildred	Retired		\$285.00
7/21/2004	Don's Garage Door Company				\$70.00
8/30/2004		Cordoni, Jeanette			\$25.00
7/21/2004		Gatti, Richard	Gatti Nursery	Nursery Man	\$35.00
7/21/2004	W.K. McLellan Co.				\$200.00
7/21/2004		Ricci, Ed	Retired		\$200.00
7/21/2004	Shamrock Materials				\$200.00
7/21/2004		Ceccotti, Eugene	Shamrock Materials	Owner	\$200.00
7/21/2004	Christopherson Homes Inc.				\$200.00
7/21/2004		Offenbach, Rodger	Ray's Catering	Caterer	\$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>7-1-04</u>	CALIFORNIA FORM <b>460</b>
through <u>9-30-04</u>	
Page <u>12</u> of <u>18</u>	
I.D. NUMBER <u>1219624</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MICHAEL J. 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>AD-VANTAGE MARKETING</u>	<u>LIT</u>		<u>\$4,218.00</u>
<u>PETALUMA MINDTEMAN PRESS</u>	<u>LIT</u>		<u>\$2,770.32</u>
<u>THE SIGN FACTORY</u>	<u>FND</u>		<u>\$183.16</u>

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

SUBTOTAL \$ 7,171.48

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>20,008.80</u>
2. Unitemized payments made this period of under \$100	\$ <u>484.28</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>20,493.08</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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>18</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>ABOVE ALL GRAPHICS</u>	<u>LIT</u>		<u>\$ 241.<sup>00</sup></u>
<u>MARDEL, LLC</u>	<u>RFD</u>		<u>\$ 150.<sup>00</sup></u>
<u>ED RICCI</u>	<u>RFD</u>		<u>\$ 100.<sup>00</sup></u>
<u>CHRISTOPHERSON HOMES</u>	<u>RFD</u>		<u>\$ 100.<sup>00</sup></u>
<u>RODGER OFFENBACH</u>	<u>RFD</u>		<u>\$ 100.<sup>00</sup></u>

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

**SUBTOTAL \$ 691.<sup>00</sup>**

**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>7-1-04</u> through <u>9-30-04</u>	CALIFORNIA FORM <b>460</b>
	Page <u>14</u> of <u>18</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
CITY OF PETALUMA 11 ENGLISH ST PETALUMA, CA 94952	FIL		\$100.00
OPERATING ENGINEERS LOCAL 3, PAC # 091345	RFD		\$100.00
HERTZ RENTALS	FND		\$204.27
OUT TO LUNCH CATERING	FND		\$1,209.38
PETALUMA BOYS & GIRLS CLUB	CVC		\$350.00

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

SUBTOTAL \$ 1,963.65

**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>7-1-04</u> through <u>9-30-04</u>	CALIFORNIA FORM <b>460</b>
	Page <u>15</u> of <u>18</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
FL 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>NORTH BAY EVENT SPECIALISTS</u>	<u>CNS</u>		<u>\$135.75</u>
<u>NORTH BAY EVENT SPECIALISTS</u> <u>3</u>	<u>CNS</u>		<u>\$1,518.20</u>
<u>POLI GRAPHICS</u>	<u>CMF</u>		<u>\$1,327.21</u>
<u>STEW-A-PAMA</u>	<u>CMF</u>		<u>\$258.00</u>
<u>J. CROOKER &amp; ASSOCIATES</u>	<u>CMF</u>		<u>\$300.00</u>

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

**SUBTOTAL \$ 3,539.16**

**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>7-1-04</u> through <u>9-30-04</u>	<b>460</b>
	Page <u>16</u> of <u>18</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   | FET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL 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>DESIGNER GRAPHICS</u>	<u>CMP</u>		<u>\$1,368.01</u>
<u>PETALUMA POLICE DEPT. HNT</u>	<u>CVC</u>		<u>\$540.00</u>
<u>NORTH BAY EVENT SPECIALISTS</u>	<u>CNS</u>		<u>\$222.08</u>
<u>PETALUMA MINUTEMAN PRESS</u>	<u>OFC</u>		<u>\$469.43</u>
<u>DECKER'S STUDIO</u>		<u>CAMPAIGN PHOTOGRAPHS</u>	<u>\$215.00</u>

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

**SUBTOTAL \$ 2,814.52**

**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>7-1-04</u> through <u>9-30-04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>17</u> of <u>18</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>ABOVE ALL GRAPHICS</u>	<u>LIT</u>		<u>\$241.88</u>
<u>NORTA BAY EVENT SPECIALISTS</u>	<u>CNS</u>		<u>\$189.00</u>
<u>PETAUMA ELKS LODGE FIREFIGHTERS NIGHT</u>	<u>CVC</u>		<u>\$200.00</u>
<u>CALIFORNIA VOTER GUIDE</u>	<u>LIT</u>		<u>\$450.00</u>
<u>PARENTS' BALLOT GUIDE (FPPC 1226502)</u>	<u>LIT</u>		<u>\$650.00</u>

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

**SUBTOTAL \$ 1,730.88**

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

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*MICHAEL D. O'BRIEN*

Statement covers period  
from *7-1-04*  
through *9-30-04*

CALIFORNIA  
FORM **460**

Page *18* of *18*

I.D. NUMBER

*1219624*

**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
<i>THE EARLY VOTER (FPPC 1264931)</i>	<i>LIT</i>			<i>\$ 450.00</i>
<i>NORTH BAY EVENT SPECIALISTS</i>	<i>CNS</i>			<i>\$ 262.23</i>
<i>AD-VANTAGE MARKETING</i>	<i>POS</i>			<i>\$ 1,200.00</i>
<i>US POSTAL SERVICE</i>	<i>POS</i>			<i>\$ 185.00</i>

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

**SUBTOTAL \$ 2,097.23**