

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp  
City of Bre  
JUL 29  
City C

Statement covers period from <u>01/01/2011</u> through <u>06/01/2011</u>	Date of election if applicable: (Month, Day, Year) _____
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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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> Amendment (Explain below)  |                          |

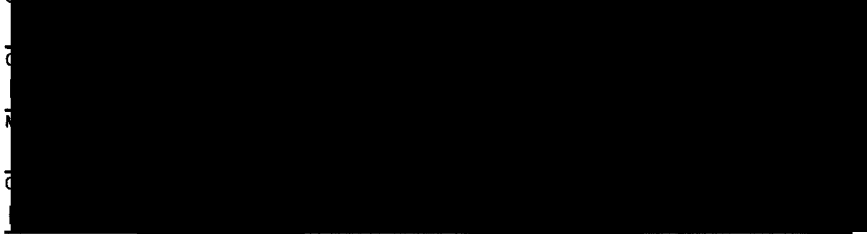
**3. Committee Information**

I.D. NUMBER  
1275174

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

COMMITTEE TO ELECT BOB BROCKMAN

STREET ADDRESS (NO P.O. BOX)



OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

BOB BROCKMAN

MAILING ADDRESS



NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

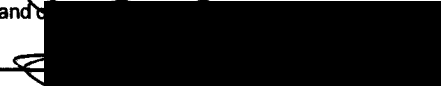
STATE

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/28/2011  
Date

By  Treasurer

Executed on 07/28/2011  
Date

By  Proponent or Responsible Officer of

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

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

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

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

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BOB BROCKMAN

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

BRENTWOOD CITY COUNCIL

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

[REDACTED ADDRESS]

**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 Comm

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

**Identify the controlling officeholder, candidate,**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONEN

OFFICE SOUGHT OR HELD

## 7. Primarily Formed Candidate/Officehold officeholder(s) or candidate(s) for which this comm

NAME OF OFFICEHOLDER OR CANDIDATE	OFFIC
NAME OF OFFICEHOLDER OR CANDIDATE	OFFIC
NAME OF OFFICEHOLDER OR CANDIDATE	OFFIC
NAME OF OFFICEHOLDER OR CANDIDATE	OFFIC

Attach continuation shee

**Campaign Disclosure Statement  
Summary Page**

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

Statement covers period  
from 01/01/2011  
through 06/01/2011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**BOB BROCKMAN**

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ _____	\$ _____
2. Loans Received .....	<i>Schedule B, Line 3</i>	_____	11299.13
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ _____	\$ _____
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ _____	\$ <u>11299.13</u>

**Calendar Year  
Running in B  
General Elec**

20. Contributions  
Received  
21. Expenditures  
Made

**Expenditures Made**

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

**Expenditure  
Candidates**

22. Cu  
(#  
Date of Elec  
(mm/dd/yy)

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>927.90</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	_____
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	_____
15. Cash Payments .....	<i>Column A, Line 8 above</i>	30.00
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>897.90</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).

\*Amounts in this s  
reported in Colum

17. LOAN GUARANTEES RECEIVED .....

<i>Schedule B, Part 2</i>	\$ _____
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>11299.13</u>

FPPC Toll-Free

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from 01/01/2011  
through 06/01/2011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BOB BROCKMAN

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 PER PERIOD
BOB BROCKMAN (CANDIDATE)  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 11299.13	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 11299.13  ASAP DATE DUE	RA \$ _____
† <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	RA \$ _____
† <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	RA \$ _____
<b>SUBTOTALS \$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$ 11299.13 \$</b>	

**Schedule B Summary**

1. Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

FPPC Toll-Free

**Schedule E  
Payments Made**

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


Statement covers p  
from 01/01/201  
through 06/01/20

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BOB BROCKMAN

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

- |  |  |                                  |
|--|--|----------------------------------|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and p   |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributi   |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers'     |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lo  |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel,  |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between c    |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration    |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technol   |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT
BANK OF THE WEST 		MONTHLY BANK SERVICE CHARGES

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....
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.) .....