

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
CITY OF BRENTWOOD	Page <u>1</u> of <u>5</u>
OCT 17 2000	For Official Use Only
CITY CLERK	

Statement covers period from <u>7/1/2000</u> through <u>9/30/2000</u>	Date of election if applicable: (Month, Day, Year) <u>11-7-2000</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees—Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

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 Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement—Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1226036

COMMITTEE NAME

Annette Beckstrand for City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

BR

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

Brentwood CA 94513

OPTIONAL FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Brian Swisher

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Brentwood CA 94513

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE-PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Annette Beckstrand For City Council

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

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
CA 94513

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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	

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

OFFICES SOUGHT OR HELD DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICES SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICES SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICES SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. 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 10/16/2000
DATE

Executed on 10/16/2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By Brian [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand

I.D. NUMBER

1226036

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A+B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ _____	\$ <u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ _____	\$ <u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>447.57</u>	\$ _____	\$ <u>447.57</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ _____	\$ <u>-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>447.57</u>	\$ _____	\$ <u>447.57</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ _____	\$ <u>-</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ _____	\$ <u>-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>447.57</u>	\$ _____	\$ <u>447.57</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>500.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>447.57</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>52.43</u>

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

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ _____

Cash Equivalents and Outstanding Debts

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received \$ _____	_____	_____
21. Expenditures Made \$ _____	_____	_____

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand

I.D. NUMBER

1226034

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<i>1/11/00</i>	<i>WAYNE E. Swisher Cement Co. Antioch, CA 94509</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.⁰⁰</i>	<i>100.-</i>	<i>⊖</i>
<i>7/31/00</i>	<i>Michael + Brenda Crawford Brentwood, CA 94513</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Account manager Office Depot</i>	<i>100.⁰⁰</i>	<i>100.⁰⁰</i>	<i>⊖</i>
<i>8/6/00</i>	<i>Charles + Jean LAST Brentwood, CA 94513</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Retired</i>	<i>100.-</i>	<i>100.-</i>	<i>⊖</i>
<i>9/19/00</i>	<i>Kevin + Diane Low Brentwood, CA 94513</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Accountant Kaiser Hospital</i>	<i>100.-</i>	<i>100.-</i>	<i>⊖</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ *400.-*

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ *400.-*
- Amount received this period – unitemized contributions of less than \$100 \$ *100.-*
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ *500.-*

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule E
Payments Made**

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

Statement covers period
from 7-1-00
through 9-30-00

SCHEDULE E

CALIFORNIA FORM 460

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I.D. NUMBER
1226036

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CD civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| ED fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Brentwood	CMP	Candidate Statement	250.-
ARATA Printing	LIT		184. ⁰²

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

SUBTOTAL \$ 434.02

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.).....	\$ <u>434.02</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>13.55</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).).....	\$ <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>447.57</u>