

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVERPAGE

Date Stamp CITY OF BRENTWOOD JAN 31 2001 CITY CLERK	CALIFORNIA FORM 460 Page <u>1</u> of <u>5</u> For Official Use Only
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Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</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.

Officeholder, Candidate Controlled Committee
(Also Complete Part 4.)

Ballot Measure Committee

Primarily Formed
 Controlled
 Sponsored
(Also Complete Part 5.)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 6.)

General Purpose Committee

Sponsored
 Broad Based

2. Type of Statement:

Pre-election Statement

Semi-annual Statement

Termination Statement

Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1226036

COMMITTEE NAME: ANNE HE Beckstrand for City Council

STREET ADDRESS (NO P.O. BOX): Brentwood, CA 94513

CITY: Brentwood STATE: CA ZIP CODE: 94513 AREA CODE/PHONE: _____

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

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

OPTIONAL FAXE-MAIL ADDRESS: _____

Treasurer(s)

NAME OF TREASURER: BREAN Swisher

MAILING ADDRESS: _____

CITY: Brentwood STATE: CA ZIP CODE: 94513 AREA CODE/PHONE: _____

NAME OF ASSISTANT TREASURER, IF ANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

OPTIONAL FAXE-MAIL ADDRESS: _____

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

Type or print in ink.

COVER PAGE—PART 2

CALIFORNIA FORM 460	
Page <u>2</u> of <u>5</u>	

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Annette Beckstrand

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council of Brentwood

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

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

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 1/31/2001
DATE

Executed on 1/31/2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By Brian Fisher
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Annette Beckstrand
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 <u>10/22/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>1226036</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ANNE HE BECKSTRAND for City Council

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>770.00</u>	\$ <u>1,644.91</u>	\$ <u>2,414.91</u>
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>770.00</u>	\$ <u>1,644.91</u>	\$ <u>2,414.91</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>770.00</u>	\$ <u>1,644.91</u>	\$ <u>2,414.91</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>1,717.34</u>	\$ <u>697.57</u>	\$ <u>2,414.91</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,717.34</u>	\$ <u>697.57</u>	\$ <u>2,414.91</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,717.34</u>	\$ <u>697.57</u>	\$ <u>2,414.91</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>947.34</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>770.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1,717.34</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</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

	1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0</u>	\$ <u>0</u>
18. Cash Equivalents See Instructions on reverse	\$ <u>0</u>	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>0</u>	\$ <u>0</u>
20. Contributions Received \$	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made \$	\$ <u>0</u>	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/22/2000</u> through <u>12/31/2000</u>		CALIFORNIA FORM 460
NAME OF FILER <u>ANNETTE Beckstrand For City Council</u>		I.D. NUMBER <u>1226036</u>

SEE INSTRUCTIONS ON REVERSE

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)
10/29/2000	FRIENDS OF Quinton Kidd Brentwood, CA 94513 ID # 961455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		500.00	500.00	
11/2/2000	WAYNE S. Swisher Cement Const. INC Antioch, CA 44509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 650.00

Schedule A Summary

1. Amount received this period—contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>650.00</u>
2. Amount received this period—unitemized contributions of less than \$100	\$ <u>120.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>770.00</u>

*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 10/22/2000
through 12/31/2000

SCHEDULEE
**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand for City Council

I.D. NUMBER

1226036

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain non-monetary)*
CVC civic donations
FND fundraising events
IND independent expenditures supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Ramin Graphics	CMP	Check	\$ 44.35
ARATA Printing	LIT	Check	324.75
U.S. Post office	POS	Check	488.46

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>1,657.56</u>
2. Unitemized payments made this period of under \$100	\$	<u>59.78</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>1,717.34</u>