

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

City of Brentwood

JAN 31 2007

City Clerk

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 11/2/2006	
through 12/31/2006	

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
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

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
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1288155

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

Annette Beckstrand for Mayor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Brentwood CA 94513

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Brian Swisher

MAILING ADDRESS

CITY STATE ZIP
Brentwood CA 94513

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP

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

Executed on 1/31/2007
Date

Executed on 1/31/2007
Date

Executed on _____
Date

Executed on _____
Date

By Brian Swisher
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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Annette Beckstrand

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

Mayor

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	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 Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

Identify the controlling officeholder, candidate, or

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

**7. Primarily Formed Candidate/Officeholder
officeholder(s) or candidate(s) for which this committee**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE S
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE S
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE S
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE S

Attach continuation sheets

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period
from 11/2/2006
through 12/31/2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand for Mayor

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>11,590.40</u>	\$ <u>29,170.40</u>
2. Loans Received	<i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>11,590.40</u>	\$ <u>29,170.40</u>
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>11,590.40</u>	\$ <u>29,170.40</u>

**Calendar Year S
Running in Bot
General Electio**

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	<i>Schedule E, Line 4</i>	\$ <u>4,461.61</u>	\$ <u>22,388.97</u>
7. Loans Made	<i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>4,461.61</u>	\$ <u>22,388.97</u>
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>	\$ <u>4,461.61</u>	\$ <u>22,388.97</u>

**Expenditure Lin
Candidates**

22. Cumu
(if Sub

Date of Election
(mm/dd/yy)
____/____/____
____/____/____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>(347.36)</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	<u>11,590.40</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	_____
15. Cash Payments	<i>Column A, Line 8 above</i>	<u>4,461.61</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>6,781.43</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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ _____

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

*Amounts in this section reported in Column B

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 11/2/2006
through 12/31/2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand for Mayor

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 CALENDAR YEAR TOTAL (JAN. 1 THROUGH DEC. 31)
12/08/2006	Blackhawk Services Company [REDACTED] Danville, CA 94526	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00
12/1/2006	Laura Mayer [REDACTED] Ojai, CA 93023-1624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	10,500.00
12/1/2006	Bob Nunn [REDACTED] Clayton, CA 94517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blackhawk Services	750.00	11,250.00
		<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			

SUBTOTAL \$ 11,250.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 11,250.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 340.40
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11,590.40

**Schedule E
Payments Made**

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

Statement covers per
from 11/2/2006
through 12/31/2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Annette Beckstrand for Mayor

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 prod |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' sa |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime an |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodgi |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, fo |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between com |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT
Statewide Information Systems [REDACTED] Sacramento, CA 95816	LIT		
Discover Card	CMP		
Doug Beckstrand	CMP		Postage

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

Schedule E Summary

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