

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp CITY OF BRENTWOOD OCT 26 2006 CITY CLERK	CALIFORNIA 2006 FORM 460 Page <u>1</u> of <u>5</u> For Official Use Only
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Statement covers period from <u>10/01/06</u> through <u>10/21/06</u>	Date of election if applicable: (Month, Day, Year) <u>11/07/06</u>
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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

Primarily Formed Ballot Measure Committee
 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
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1289259

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT BRANDON RICHEY

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY: BRENTWOOD STATE: CA ZIP CODE: 94513 AREA CODE/PHONE: [REDACTED]

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
ARTHUR M. KROEGER

MAILING ADDRESS
[REDACTED]

CITY: CONCORD STATE: CA ZIP CODE: 94520 AREA CODE/PHONE: [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 24 2006
 Executed on OCT 24 2006
 Executed on _____
 Executed on _____

By Arthur M. Kroeger
Signature of Treasurer or Assistant Treasurer

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

COVER PAGE - PART 2

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COPY
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRANDON J. RICHEY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL MAR - ORENTAL, CA

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

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	<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 Candidate/Officeholder 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
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.

Statement covers period
from 10/01/06
through 10/21/06

SUMMARY PAGE

CALIFORNIA
FORM 460

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I.D. NUMBER
1289259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT RANDON RICHEY

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3250</u>	\$ <u>4750</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>360</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3250</u>	\$ <u>5110</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3250</u>	\$ <u>5110</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	7/1 through 6/30	7/1 to Date
20. Contributions Received \$	\$	\$ <u>5110</u>
21. Expenditures Made \$	\$	\$ <u>1947</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>790</u>	\$ <u>1947</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>790</u>	\$ <u>1947</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>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>790</u>	\$ <u>1947</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	Total to Date
<u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>705</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>3250</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u> </u>
15. Cash Payments Column A, Line 8 above	\$ <u>790</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3166</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	\$ <u> </u>
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Cash Equivalents and Outstanding Debts

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

*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.

Statement covers period
from 10/01/06
through 10/21/06

SCHEDULE A
CALIFORNIA FORM **460**
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1289259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT BRANDON RICHEY

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>Oct 6 2006</u>	<u>William C COBRIS</u> [REDACTED] <u>CONCORD, CA</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>250</u>		
	<u>AMERICAN RIVER PLAZA</u> [REDACTED] <u>CONCORD, CA 94524</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500.</u>		
	<u>MT DIABLO RECYCLING</u> [REDACTED] <u>CONCORD, CA 94520</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500.</u>		
	<u>LEGACY FRAMERS INC</u> [REDACTED] <u>CONCORD, CA 94520</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>2000.</u>		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 3250.

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3250.
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3250.

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period from <u>10/01/06</u> through <u>10/21/06</u>	SCHEDULE E CALIFORNIA FORM 460 Page <u>5</u> of <u>5</u> I.D. NUMBER <u>1289259</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT BRANDON RICHEY

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

CMP campaign paraphernalia/misc.	MTG meetings and appearances	RAD radio airtime and production costs
CNS campaign consultants	OFC office expenses	RFD returned contributions
CTB contribution (explain nonmonetary)*	FET petition circulating	SAL campaign workers' salaries
CVC civic donations	FHO phone banks	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	FOL polling and survey research	TRC candidate travel, lodging, and meals
FND fundraising events	FOS postage, delivery and messenger services	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRT print ads	VOT voter registration
LIT campaign literature and mailings		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>ENCORE DESIGN & TYPE</u> [REDACTED]			<u>130.</u>
<u>MARTINEZ, CA 91553</u> <u>VOTER INFORMATION GUIDE</u> [REDACTED]	<u>101 LIT</u>		
<u>SHERMAN OAKS, CA 91423</u> <u>CALIF LATINO VOTERS' GUIDE</u> [REDACTED]	<u>102 LIT</u>		<u>535</u>
<u>LOS ANGELES, CA 90044</u>	<u>103 LIT</u>		<u>125</u>

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

SUBTOTAL \$ 790

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>790</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
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.)	TOTAL \$ <u>790</u>