

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
City of Brentwood
OCT 23 2008
City Clerk

Statement covers period from <u>10/1/2008</u> through <u>10/18/2008</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2008</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)

3. Committee Information

I.D. NUMBER
1310071

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

COMMITTEE TO ELECT TERESA WOOTEN

STREET ADDRESS (NO P.O. BOX)

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: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TERESA WOOTEN

MAILING ADDRESS

CITY **BRENTWOOD** STATE **CA** ZIP **94513**

NAME OF ASSISTANT TREASURER, IF ANY

JODI FEHL

MAILING ADDRESS

CITY **BRENTWOOD** STATE **CA** ZIP **94513**

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 10/19/2008
Date

Executed on 10/19/2008
Date

Executed on _____
Date

Executed on _____
Date

By [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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
TERESA WOOTEN				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR - CITY OF BRENTWOOD				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
[REDACTED]	BRENTWOOD	CA	94513	

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 proponent	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD

Attach continuation sheets if

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period
from 10/1/2008
through 10/18/2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TERESA WOOTEN

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>	\$ 2,100.00	\$ 2,450.00
2. Loans Received	<i>Schedule B, Line 3</i>	0.00	828.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 2,100.00	\$ 3,278.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 2,100.00	\$ 3,278.00

**Calendar Year Summary
Running in Both
General Elections**

20. Contributions Received \$ _____
21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 125.00	\$ 325.00
7. Loans Made	<i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 125.00	\$ 325.00
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	282.11	1,437.79
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 282.11	\$ 1,762.79

**Expenditure Limit
Candidates**

22. Cumulative (If Subject)

Date of Election (mm/dd/yy)

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 978.00
13. Cash Receipts	<i>Column A, Line 3 above</i>	2,100.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	125.00
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 2,953.00

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

17. LOAN GUARANTEES RECEIVED

<i>Schedule B, Part 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 2,265.79

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 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 10/1/2008
through 10/18/2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TERESA WOOTEN

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 -)
10/13/2008	Bricklayers & Allied Craftworkers ID #1244975 Local No. 3 Political Action Committee [REDACTED] Sacto. CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00
10/18/2008	IBEW 302 COMMUNITY CANDIDATES PAC ID#1300752 [REDACTED] Sacto, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,100.00
		<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			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			

SUBTOTAL \$ 2,100.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2,100.00**

FPPC Toll-Free Help

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 10/1/2008
through 10/18/2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TERESA WOOTEN

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 THIS PERIOD
TERESA WOOTEN ██████████ BRENTWOOD, CA 94513	RETIRED CIVIL ENGINEER	\$ 778.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 778.00 12/31/08 DATE DUE	0 % RATE \$ 0.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						
TERESA WOOTEN ██████████ BRENTWOOD, CA 94513	RETIRED CIVIL ENGINEER	\$ 50.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 50.00 12/31/08 DATE DUE	0 % RATE \$ 0.00
† <input checked="" 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	_____% RATE \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						
SUBTOTALS \$			\$ 0.00 \$	\$ 0.00 \$	\$ 828.00 \$	\$ 0.00

Schedule B Summary

(Enter (e) on
Schedule E, Line 5)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 0.00**
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 Help

**Schedule E
Payments Made**

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

Statement covers period
from 10/1/2008
through 10/18/2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TERESA WOOTEN

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT
CAPITAL ONE BANK [REDACTED] CITY OF INDUSTRY, CA 91716-0024	CMP		PAYMENT ON CREDIT CARD FOR ACCRUED EXPENSES

* 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.)

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 10/1/2008
through 10/18/2008

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT TERESA WOOTEN

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORTED ON SCHEDULE D)
CAPITAL ONE BANK [REDACTED] CITY OF INDUSTRY, CA 91716-0024	CMP	1,155.68		
SAFeway STORES [REDACTED] BRENTWOOD, CA 94513	CMP		8.11	
BRENTWOOD PRESS [REDACTED] BRENTWOOD, CA 94513	PRT		399.00	

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

SUBTOTALS \$ 1,155.68 \$ 407.11 \$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)