

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp 	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>Oct. 1, 2014</u>  through <u>Oct. 18, 2014</u>	Date of election if applicable: (Month, Day, Year)  <u>Nov. 4, 2014</u>
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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"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall <i>(Also Complete Part 5)</i>	<input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i>
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>
<input type="checkbox"/> Sponsored	
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

**2. Type of Statement:**

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information** I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Committee To Elect Rachel Hundley For Sonoma City Council 2014**

STREET ADDRESS (NO P.O. BOX)  
**452 Denmark St.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Sonoma</b>	<b>CA</b>	<b>95476</b>	<b>707-999-8394</b>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**P.O. Box 941**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Sonoma</b>	<b>CA</b>	<b>95476</b>	<b>707-999-8394</b>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Arthur Chang**

MAILING ADDRESS  
**P.O. Box 941**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Sonoma</b>	<b>CA</b>	<b>95476</b>	<b>917-806-2562</b>

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 10/22/2014  
Date

Executed on 10/23/14  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Arthur Chang...  
Signature of Treasurer or Assistant Treasurer

By R Hundley  
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

Clear Cover Pg1

Print Form

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Rachel Hundley

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

Sonoma City Council

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

452 Denmark St. Sonoma CA 95476

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

Clear Cover Pg2

Print Form

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>3</u> of <u>6</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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>1285.92</u>	\$ <u>4703.15</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>1285.92</u>	\$ <u>4703.15</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>250</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>1285.92</u>	\$ <u>4953.15</u>

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

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

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>1303.05</u>	\$ <u>3046.83</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>1303.05</u>	\$ <u>3046.83</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>620.58</u>	<u>620.58</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1924.16</u>	\$ <u>3667.41</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>11 / 4 / 14</u>	\$ <u>3667.71</u>
____ / ____ / ____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>1673.45</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>1285.92</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>1303.05</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1656.32</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).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>620.58</u>

Clear Summ Pg

Print Form

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from Oct. 1, 2014  
through Oct. 18, 2014

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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)
10/1/2014	Sonoma County Democratic Central Committee PO BOX 3727 Santa Rosa, CA 95402 #742474	<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	
10/1/2014	Teresa Brewer 7 Glen Hollow Road Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	200	200	
10/16/2014	Robert Flahive 1051 Broadway Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher's Rep	125	125	
10/14/2014	Norman Gilroy 2572 Acacia Avenue Sonoma, CA 95476	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect	137.85	137.85	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>					<b>562.85</b>	

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 562.85
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 723.07
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1285.92

\*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

Clear Sch. A

Print Form

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>Oct. 1, 2014</u>	<b>CALIFORNIA FORM</b> <b>460</b>
through <u>Oct. 18, 2014</u>	
Page <u>5</u> of <u>6</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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 costs
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 costs
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 of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	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
Mailing Systems, Inc 2431 Mercantile Drive, Ste A Rancho Cordova, CA 95742	LIT	Payment for campaign mailers	887.04
Vista Print	LIT	Payment for campaign materials	258.81
Envolve Winery 95 Booker Road Templeton, CA 93465	FND	Tickets for fundraising event	107.50

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

**SUBTOTAL \$ 1253.35**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	<u>1253.35</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>49.70</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<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.) .....	<b>TOTAL \$</b>	<u>1303.05</u>

Clear Sch. E

Print Form

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

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

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM</b> <b>460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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 costs
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 costs
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 of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mailing Systems, Inc 2431 Mercantile Drive, Ste A Rancho Cordova, CA 95742	LIT	1507.62	1507.62	887.04	620.58
<b>SUBTOTALS \$</b>			\$	\$	\$

**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 TOTALS \$** 620.58
- 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 TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 620.58  
May be a negative number

Clear Sch. F

Print Form