

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY CLERK'S OFFICE  
CITY OF BENICIA

CALIFORNIA FORM 460

Page 1 of 18

For Official Use Only

Statement covers period  
from 1 July 2007  
through 22 Sep 2007

Date of election if applicable:  
(Month, Day, Year)  
6 Nov 2007

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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

### 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<br><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  
1289634

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Benicians to Elect Elizabeth Patterson for Mayor

STREET ADDRESS (NO P.O. BOX)

E \_\_\_\_\_ IE \_\_\_\_\_

DX \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Benicia CA 94510

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Susan Street

st \_\_\_\_\_

STATE ZIP CODE  
CA 94510

TREASURER, IF ANY

CITY STATE ZIP CODE  
Benicia CA 94510

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 26 Sep 2007  
Date

By \_\_\_\_\_

Executed on September 27, 2007  
Date

By \_\_\_\_\_

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

By \_\_\_\_\_

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

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

per \_\_\_\_\_

for Responsible Officer of Sponsor

**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  
Elizabeth Patterson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Mayor, City of Benicia

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
94510

**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.

SUMMARY PAGE

Statement covers period from <u>1 July 2007</u>	<b>CALIFORNIA FORM 460</b>
through <u>22 Sep 2007</u>	
	Page <u>3</u> of <u>18</u>
	I.D. NUMBER 1289634

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Patterson

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 5184	\$ 8219
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 5184	\$ 8219
4. Nonmonetary Contributions ..... Schedule C, Line 3	7350	7350
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 12534	\$ 15569

**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	\$ _____	\$ _____

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 6983	\$ 7789
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 6983	\$ 7789
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 6983	\$ 7789

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 3022
13. Cash Receipts ..... Column A, Line 3 above	5184
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	15928
15. Cash Payments ..... Column A, Line 8 above	6983
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 17151

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 ..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts	
18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Elizabeth Patterson</b>	I.D. NUMBER <b>1289634</b>
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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)
7/5/2007	Ronald Uhlman 217 Military West Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
7/5/2007	Ronald Glas 158 Banbury Ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	city planner, County of Solano	100	100	
7/5/2007	Donald Dean 257 West I St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
7/5/2007	Sandra Shannonhouse 110 East E St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	250	250	
7/5/2007	Joel Fallon 327 Full Pt Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	150	150	

**SUBTOTAL \$ 700**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>2250</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>2934</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>5184</u></b>

**\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>		CALIFORNIA FORM <b>460</b>
NAME OF FILER Elizabeth Patterson		I.D. NUMBER 1289634

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)
7/23/2007	Louise Garrison 486 Casey Ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed attorney	100	100	
7/23/2007	Ruth Pierce 202 East 2nd St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100	100	
7/24/2007	Jan Cox-Golovich 179 Harbor Vista Ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed café owner Café Voltaire	200	200	
7/25/2007	Dale Harrington 124 Banbury Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
8/24/2007	Friends of Pat Wiggins 2010 1275 4th St #386 Santa Rosa CA 95404	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200	200	
<b>SUBTOTAL \$</b>						

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1289634	

NAME OF FILER  
Elizabeth Patterson

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)
9/10/2007	Joe Thomas 787 Carsten Cir Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	educator West Contra Costa County School District	100	100	
9/10/2007	Linda Seifert 4254 Green Acres Ct Fairfield CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100	100	
9/10/2007	Anne Olmstead 312 Panorama Ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	150	150	
9/15/2007	Kathleen Maloney 1449 Plaza de Oro Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	teacher Benicia Unified School District	150	150	
9/15/2007	Robin Beckers 551 Lori Dr Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	teacher Benicia Unified School District	150	150	
<b>SUBTOTAL \$</b>				<b>650</b>		

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 (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>		CALIFORNIA FORM <b>460</b> Page <u>7</u> of <u>18</u>
NAME OF FILER <b>Elizabeth Patterson</b>		

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)
9/15/2007	Meribeth Kinnaman 36 Wingfield Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
9/15/2007	James Ernst 539 Clyne Ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	labor compliance officer UA Pipe Trades Assn	100	100	
		<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				
<b>SUBTOTAL \$</b>				<b>200</b>		

**\*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 C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1289634	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Patterson

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2007	Marilyn Bardet 333 East K St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	24 x 24: oil painting	275	575	
7/1/2007	William Harsh 333 East K St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	instructor Arts Benicia Gallery	18 x 20" oil painting	275	275	
7/1/2007	Duane Oliveira, Esq 940 Adams St Suite B Benicia CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		basic estate planning	350	350	
7/1/2007	Nikki Basch Davis 123 West D St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	12 x 16" and 12 x 12" oil paintings, personal art workshop	1,200	1,200	

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 2100**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 5645
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 1705
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 7350

**\*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 C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Patterson

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2007	Terry Hughes 991 Tyler St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	9 x 12" oil painting	100	100	
7/1/2007	Erika von Zoog 991 Tyler St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	glass tray	125	125	
7/1/2007	David Lindsay 109 East F St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	glass vase	100	100	
7/1/2007	Jerrold Turner 991 Tyler St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	two 12 x 16" oil paintings, personal art workshop	1000	350	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1325

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
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**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
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SCHEDULE C

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Patterson

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2007	Bonnie Weidel 940 Tyler St, Ste 5 Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	porcelain artwork by Sandra Shannonhouse	250	250	
7/23/2007	Peppino D'Agostino c/o Dynamic Artists Management 2163 Meeker Ave #219 Richmond CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed musician	60-minute guitar concert	495	495	
7/1/2007	Susan Kendall 991 Tyler St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	16 x 20" oil painting	150	150	
7/1/2007	Gregg Renfrow 1060 Jackson Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	20 x 24" pastel	300	300	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1195**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

**\*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 C  
Nonmonetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE C

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1289634	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Patterson

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2007	Nicholas Nourot 675 East H St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	a red glass vase and a blue and black vase	130	130	
7/1/2007	Sue Johnson 1745 Solano Ave Berkeley CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed artist	East African floor lamp and woven leather table lamp	400	400	
8/25/2007	Clif Foster 504 Poppy Cir Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	musician, San Francisco Ballet	90-minute concert	495	495	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1025**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

**\*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		CALIFORNIA FORM <b>460</b>
from	1 July 2007	
through	22 Sep 2007	Page <u>12</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Elizabeth Patterson		1289634

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Elizabeth Patterson

**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
Courtyard Customs 333 1st St Benicia CA 94510	CMP		230
Victory Store 5200 SW 30th St Davenport IA 52802	CMP		1303
Paper Tiger 901 1st St Benicia CA 94510	LIT		1667
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 3200</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5500
2. Unitemized payments made this period of under \$100	\$	1483
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
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>	<b>6983</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period  
from 1 July 2007  
through 22 Sep 2007

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Patterson

I.D. NUMBER

1289634

**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  |
| LT  | 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
Benicia Herald 820 1st St Benicia CA 94510	PRT			270
Polygon Publishing P.O. Box 296 Benicia CA 94510	PRT			1400
2nd Street Grill 4760 East 2nd St Benicia CA 94510	FND			161
Imagine 131 1st St Suite F Benicia	FND			250
Tell Rentals 711 Admiral Callaghan Ln Vallejo CA 94591	FND			220

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

**SUBTOTAL \$ 2300**

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b> Page <u>14</u> of <u>18</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  Elizabeth Patterson	I.D. NUMBER 1289634
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/23/2007	Barbara Simmons 352 Lori Dr Benicia CA 94510	Purchase of 9 original donated works of art auctioned at fundraiser	2420
7/23/2007	Jeanne McCormack and Albert Medvitz 322 St Gertrude Ave Rio Vista CA 94571	5 original donated works of art auctioned at fundraiser	1350
7/23/2007	Michael and Christina Lombardi 759 Primrose Ln Benicia CA 94510	2 original donated works of art auctioned at fundraiser	780
7/23/2007	William Ostrander 885 West K St Benicia CA 94510	3 original donated works of art auctioned at fundraiser	640
7/23/2007	Lynda Seaman 2148 Leavenworth St San Francisco CA 94133	2 original donated works of art auctioned at fundraiser	480

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 5670**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ <u>10020</u>
2. Unitemized increases to cash of under \$100 this period. ....	\$ <u>5908</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$ <u>15928</u></b>

**Schedule I  
Miscellaneous Increases to Cash**

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

Statement covers period  
from 1 July 2007  
through 22 Sep 2007

SCHEDULE I

CALIFORNIA FORM **460**

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NAME OF FILER

Elizabeth Patterson

I.D. NUMBER

1289634

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/23/2007	Mariana and Robert Moore 751 West I St Benicia CA 94510	4 original donated works of art auctioned at fundraiser	440
7/23/2007	Judith Boring and Rob Surratt 1109 West K St Benicia CA 94510	1 original donated work of art auctioned at fundraiser	400
7/23/2007	Danny Clark 1607 Shirley Dr Benicia CA 94510	1 original donated work of art auctioned at fundraiser	350
7/23/2007	Kimble Goodman 131 Mount View Terr Benicia CA 94510	1 original donated work of art auctioned at fundraiser	310

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**1500**

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ \_\_\_\_\_
2. Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Elizabeth Patterson

I.D. NUMBER

1289634

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/23/2007	Beate Bruhi 530 East L St Benicia CA 94510	2 donated services auctioned at fundraiser	290
7/23/2007	Ann and David Lindsay 513 Orchard Ct Benicia CA 94510	1 original donated work of art auctioned at fundraiser	275
7/23/2007	Robert Contreras 512 Sandy Way Benicia CA 94510	1 original donated work of art and 2 donated services auctioned at fundraiser	430
7/23/2007	Jaan and Leann Taagepera 270 West H St Benicia CA 94510	1 original donated work of art auctioned at fundraiser	220
7/23/2007	Brent Martin One Front St Suite 960 San Francisco CA 94111	1 original donated work of art and 1 donated service auctioned at fundraiser	210

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

1425

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ \_\_\_\_\_
2. Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Elizabeth Patterson

I.D. NUMBER

1289634

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/23/2007	Belinda Smith 347 Goldenslopes Ct Benicia CA 94510	1 original donated work of art auctioned at fundraiser	175
7/23/2007	Craig and Lee Snider 793 Carsten Cir Benicia CA 94510	1 original donated work of art auctioned at fundraiser	130
7/23/2007	Elizabeth Patterson 1215 West 2nd St Benicia CA 94510	1 original donated work of art auctioned at fundraiser	130
7/23/2007	David and Alice Burges 300 East H St Unit 115 Benicia CA 94510	1 original donated work of art auctioned at fundraiser	120
7/23/2007	Charles and Suzanne Maddux 126 East D St Benicia CA 94510	1 original donated work of art auctioned at fundraiser	100

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**655**

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ \_\_\_\_\_
- Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 July 2007</u> through <u>22 Sep 2007</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  Elizabeth Patterson	I.D. NUMBER 1289634
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/23/2007	Cheryl Nelson 113 Ardmore Way Benicia CA 94510	1 original donated work of art auctioned at fundraiser	275
7/23/2007	Christina Topf 45 Buena Vista Benicia CA 94510	1 original donated work of art auctioned at fundraiser	160
7/23/2007	Mollie Vojvoda 1759 Stuart Ct Benicia CA 94510	1 original donated work of art auctioned at fundraiser	125
7/23/2007	M Adams 130 West E St Benicia CA 94510	1 original donated work of art and 1 donated service auctioned at fundraiser	110
7/23/2007	Duanne Kromm and Marilyn Farley 827 Coventry Ln Fairfield CA 94533	1 original donated work of art auctioned at fundraiser	100

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 770**

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ \_\_\_\_\_
- Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$ \_\_\_\_\_**