Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 8

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SEP 22 2003
CITY CLERK'S OFFICE
CITY OF BENICIA

SEE INSTRUCTIONS ON REVERSE

Statement covers period from August 4, 2003 through September 22, 2003

Date of election if applicable: (Month, Day, Year) November 4, 2003

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

#1257683

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee To Elect John P Woods To City Council

STREET ADDRESS (NO P.O. BOX)

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS
woods4council@aol.com

Treasurer(s)

NAME OF TREASURER
John E Gessert

MAILING ADDRESS

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY
John P Woods

MAILING ADDRESS
P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 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 Sep 22, 03 (Date) — By [illegible] Assistant Treasurer

Executed on Sep 22, 03 (Date) — By [illegible] Signature of Contr[illegible]sure Proponent or Responsible Officer of Sponsor

Executed on (Date) — By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) — 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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee #1257683

NAME OF OFFICEHOLDER OR CANDIDATE

John P. Woods

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

Benicia City Councilman

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

[illegible] Benicia CA 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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

7. Primarily Formed 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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

CALIFORNIA FORM **460**

Statement covers period
from August 4, 2003
through September 20 2003

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P Woods To City Council

I.D. NUMBER
1257083

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2618.00	$ 2618.00
2. Loans Received	Schedule B, Line 3	2000.00	2000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4618.00	$ 4618.00
4. Nonmonetary Contributions	Schedule C, Line 3	135.00	135.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4753.00	$ 4753.00

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

6. Payments Made	Schedule E, Line 4	$ 3791.49	$ 3791.49
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3791.49	$ 3791.49
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	$ 3791.49	$ 3791.49

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	4618.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	3791.49
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 826.51

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from August 4, 2003
through September 22, 2003

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P. Woods To City Council

I.D. NUMBER
1257683

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)
8/26/03 9/04/03	FRANKLIN H ERNST JR P.O Box Vallejo CA 94590	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	250.00	250.00	250.00
9/08/03	Mildred M Guldin 459 Greenbrier Court Benicia CA 94510	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	100.00
9/04/03	Opportunity DRAWING	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Various	1250.00	1250.00	1250.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				

SUBTOTAL $ 1600.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 1600.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1018.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2618.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period from August 4, 2003 through September 20, 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John P. Woods (candidate) 355 West M Street Benicia CA 94510 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ -0-	$ 2000	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 2000 1-1-2004 DATE DUE	____ % RATE $ 0	$ 2000.00 8/4 9/5 DATE INCURRED	CALENDAR YEAR $ 2000 PER ELECTION** $ 2000
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 2000	$ —	$ 2000		$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 2000 —
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ —
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 2000 —
   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.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other 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
CALIFORNIA FORM 460

Statement covers period
from _____
through _____

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 0
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 135 —
3. 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 $ 135 00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 _____
through _____

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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
Benicia Herald 820 First Street Benicia CA 94510	PRT		292.80
Paper Tiger 901 First Street Benicia CA 94510	LIT		199.72
Ryan Habegger	FND		300.00

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

SUBTOTAL $ 792.52

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 3628.92
2. Unitemized payments made this period of under $100 ..... $ 162.57
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 $ 3791.49

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from August 4, 2003
through September 29, 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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
MANNY's Catering 101 Via Pescara American Canyon CA 94503	FND		1288.05
COGS 11956 Red Dog Rd Nevada City CA 95959		Yard Signs	1548.35

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

SUBTOTAL $ 2836.40

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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CITY CLERK'S OFFICE
CITY OF BENICIA

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 9

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from September 21, 2003 through October 22, 2003

Date of election if applicable: (Month, Day, Year) November 4, 2003

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1257683

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee To Elect John P Woods To City Council

STREET ADDRESS (NO P.O. BOX): street

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: Woods4council@aol.com

Treasurer(s)

NAME OF TREASURER: John E Gessert

MAILING ADDRESS:

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: John P Woods

MAILING ADDRESS: P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 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 22, 2003 (Date) By [signature] (Treasurer or Assistant Treasurer)

Executed on Oct 22/03 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John P Woods

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

Benicia City Councilman

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

Street Benicia CA 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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

7. Primarily Formed 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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

CALIFORNIA FORM **460**

Statement covers period
from September 21, 2003
through October 20, 2007

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P. Woods To City Council

I.D. NUMBER
1257683

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 397.00	$ 3090.00
2. Loans Received	Schedule B, Line 3	800.00	2800.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1197.00	$ 5890.00
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	135.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1197.00	$ 6025.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1610.63	$ 5402.12
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1610.63	$ 5402.12
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	1200.00	1200.00
10. Nonmonetary Adjustment	Schedule C, Line 3	-0-	135.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2810.63	$ 6737.12

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 901.51
13. Cash Receipts	Column A, Line 3 above	1197.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	.02
15. Cash Payments	Column A, Line 8 above	1610.63
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 487.90

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ —
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 4000.00

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).

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	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from September 21, 2003
through October 20, 2003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P. Woods To City Council

I.D. NUMBER
1257683

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		SUBTOTAL $ —				

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 0
2. Amount received this period – unitemized contributions of less than $100 ..... $ 397.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 397.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from September 21, 2003
through October 29, 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods to City Council

I.D. NUMBER: 1257683

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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John P. Woods (candidate) 355 West M. Street P.O Box 128 Benicia CA 94510 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 2000	$ 800	☐ PAID $ — ☐ FORGIVEN $ —	$ 2800 01-01-04 DATE DUE	— % RATE $ 0	$ 2000 8-4/9-5 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 800.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ -0-
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 800.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other 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
CALIFORNIA FORM 460

Statement covers period
from September 21 2003
through October 20 2003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. 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 $ None

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 September 21, 2003
through October 20, 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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
COGS 11956 Red Dog Rd Nevada City CA 95959		Yard/Road Signs	1610.63

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

SUBTOTAL $ 1610.63

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 1610.63
2. Unitemized payments made this period of under $100 ..... $ —
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 $ 1610.63

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from September 21, 2003
through October 20, 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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
	LIT	0	1200.00	0	1200.00
SUBTOTALS $		0	$ 1200.00	$ 0	$ 1200.00

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

Schedule F Summary

1. 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 $ 1200.00
2. 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
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ 1200.00 (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from September 24, 2003
through October 20, 2003

SCHEDULE I
CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P Woods To City Council

I.D. NUMBER
1257683

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9-9-03	Solano Bank P.O. Box 6657 Vacaville CA 95696-6657	Interest	0.02

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.02

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ -0-
2. Unitemized increases to cash under $100 this period. ..... $ 0.02
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 $ 0.02

Amended

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
OCT 2 2 2003
CITY CLERK'S OFFICE
CITY OF BENICIA

Date Stamp

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from August 4, 2003 through September 22, 2003

Date of election if applicable (Month, Day, Year): November 4, 2003

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

#1257683

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee To Elect John P Woods To City Council

STREET ADDRESS (NO P.O. BOX)
[illegible] Street

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS
woods4council@aol.com

Treasurer(s)

NAME OF TREASURER
John E Gessert

MAILING ADDRESS
[illegible]

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY
John P Woods

MAILING ADDRESS
P.O Box 128

CITY: Benicia STATE: CA ZIP CODE: 94510 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 22, 2003 (Date) — By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 22, 2003 (Date) — By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Amended

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee #1257683

NAME OF OFFICEHOLDER OR CANDIDATE

John P. Woods

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

Benicia City Councilman

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

Street Benicia CA 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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

7. Primarily Formed 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Amended

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from August 4, 2003 through September 20, 2003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2693.00	$ 2693.00
2. Loans Received	Schedule B, Line 3	2000.00	2000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4693.00	$ 4693.00
4. Nonmonetary Contributions	Schedule C, Line 3	135.00	135.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4828.00	$ 4828.00

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

6. Payments Made	Schedule E, Line 4	$ 3791.49	$ 3791.49
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3791.49	$ 3791.49
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	—	—
10. Nonmonetary Adjustment	Schedule C, Line 3	135.00	135.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 3926.49	$ 3926.49

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	4693.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	3791.49
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 901.51

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

18. Cash Equivalents	See instructions on reverse	$ —
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ —

Amended

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from August 4, 2003
through September 22, 2003

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Elect John P. Woods To City Council

I.D. NUMBER
1257683

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)
8/26/03 9/04/03	FRANKLIN H. ERNST JR P.O Box Vallejo CA 94590	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	250.00
9/08/03	Mildred M Gulolin 459 Greenbrier Court Benicia CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
9/04/03	Opportunity DRAWING	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Various	1250.00	1250.00	1250.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 1600.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 1600.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1093.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2693.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Amended

SCHEDULE B - PART 1

Schedule B – Part 1
Loans Received

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

Statement covers period from August 4, 2003 through September 20, 2003

CALIFORNIA FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John P. Woods (candidate) 355 West M Street Benicia CA 94510 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ -0-	$ 2000	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 2000 1-1-2004 DATE DUE	____ % RATE $ 0	$ 2000.00 8/4 9/5 DATE INCURRED	CALENDAR YEAR $ 2000 PER ELECTION** $ 2000
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 2000	$ —	$ 2000	$ 0 (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 2000 —
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ ____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 2000 —
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Amended

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from August 4, 2003
through September 20

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee To Elect John P Woods To City Council

I.D. NUMBER
1257683

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 0
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 135—
3. 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 $ 135.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Amended

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from _____
through _____

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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
Benicia Herald 820 First Street Benicia CA 94510	PRT		292.80
Paper Tiger 901 First Street Benicia CA 94510	LIT		199.72
Ryan Habegger	FND		300.00

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

SUBTOTAL $ 792.52

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 3628.92
2. Unitemized payments made this period of under $100 ..... $ 162.57
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 $ 3791.49

Amended

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from August 4, 2003
through September 29, 2003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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
MAMMY's Catering 101 Via Pescara American Canyon CA 94503	FND		1285.05
COGS 11956 Red Dog Rd Nevada City CA 95959		Yard Signs	1548.35

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

SUBTOTAL $ 2836.40

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Date Stamp: RECEIVED DEC 22 2003 CITY CLERK'S OFFICE CITY OF BENICIA

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from October 21, 2003 through December 15 2003 END

Date of election if applicable (Month, Day, Year): November 4-2003

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1257683

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee TO ELECT JOHN P Woods To City Council

STREET ADDRESS (NO P.O. BOX): [illegible] Street

CITY: BENICIA STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O BOX 128

CITY: BENICIA STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: woodstcouncil@AOL.com

Treasurer(s)

NAME OF TREASURER: JOHN E GESSERT

MAILING ADDRESS: [illegible] Drive

CITY: BENICIA STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: JOHN P Woods

MAILING ADDRESS: P.O Box 128

CITY: BENICIA STATE: CA ZIP CODE: 94510 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 12/22/03 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 12/22/03 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN P WOODS

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[illegible] Street Benicia CA 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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

7. Primarily Formed 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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

CALIFORNIA FORM 460

Statement covers period
from OCTOBER 21, 03
through December 15, 2003 END

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4500.00	$ 7590.00
2. Loans Received	Schedule B, Line 3	<2800.00>	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1700.00	$ 7590.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	135.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1700.00	$ 7725.00

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

6. Payments Made	Schedule E, Line 4	$ 2187.90	$ 7590.02
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2187.90	$ 7590.02
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<1200.00>	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 987.90	$ 7590.02

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 487.90
13. Cash Receipts	Column A, Line 3 above	1700.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2187.90
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 0

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

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

CALIFORNIA FORM 460

Statement covers period
from October 29, 2003
through END DECEMBER 15 2003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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)
10-29 2003	John P. Woods (Candidate) 355 West "M" Street Benicia CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1700.00		
12/15 2003	John P. Woods (Candidate) 355 West "M" Street Benicia CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	2800.00		
	(Forgiveness of Debt)	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 4500.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 4500.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ None
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from October 21 2003 END
through December 15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P Woods To City Council

I.D. NUMBER: 1257683

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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JOHN P WOODS (CANDIDATE) 355 WEST M STREET BENICIA CA 94510 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 2800.00	$ 0	☐ PAID $ ____ ☒ FORGIVEN $ 2800.00	$ 0 DATE DUE	____% RATE $ 0	$ 2800.00 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ 4500.00
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 0		$ 2800.00	$ 0	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 2800.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ (2800.00)
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other 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
CALIFORNIA FORM 460

Statement covers period
from October 21, 2013
through DECEMBER 15 END

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT JOHN P WOODS TO City COUNCIL

I.D. NUMBER
1257683

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 0
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. 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 $ None

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from October 21, 2003 END
through DECEMBER 15 2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect John P. Woods To City Council

I.D. NUMBER: 1257683

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
BENICIA Herald. 820 First Street Benicia CA-94510	PRT		786.90
MARIA H SLUSSER Direct MAIL Manager 100 Sunset Circle #70 Benicia CA 94510	LIT		1020.00
Justin Hunt 3220 Monument Way Concord CA 94518		Layout, Typeset	381.00

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

SUBTOTAL $ 2187.90

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from October 21, 03
through December 15 2003 END

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE TO ELECT JOHN P. Wood To City Council

I.D. NUMBER: 1257683

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
MARIAH Slusser Direct Mail Manager 100 Sunset Circle #70 Benicia CA 94510	LIT	1020.00	0	1020.00	0
Justin Hunt	Layout, Typeset	180.00	0	180.00	0

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

SUBTOTALS $ 1200 $ 0 $ 1200.00 $

Schedule F Summary

1. 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 $ 0
2. 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 $ 1200.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ (1200.00) May be a negative number