

Committee
 Campaign Statement
 Cover Page
 (Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

REGISTRATION SEP 27 2011 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period
 from 8/1/11
 through 9/24/11

Date of election if applicable:
 (Month, Day, Year)
11/8/11

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

LET UNIFORMED TOPICS OFF
"SCHEDULE A"

3. Committee Information

I.D. NUMBER 1340560

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

ERNST FOR CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE 707

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

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE 707

OPTIONAL: FAX / E-MAIL ADDRESS

JERNST@aol.com

Treasurer(s) JAMES ERNST

NAME OF TREASURER

MAILING ADDRESS 300

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/27/11 9/27/11

Executed on 9/27/11 9/27/11

Executed on _____ Date

Executed on _____ Date

By [Signature]

By [Signature]
 Signature of Treasurer or Assistant Treasurer

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Schedule A
 Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1/1/11</u> through <u>9/24/11</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
	I.D. NUMBER <u>1340560</u>

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

JAMES F ERNST

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)
9/14	BILL SIMPKINS 980 ADAMS ST BENICIA, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SIMPKINS AUTO CARE	500-	500-	
9/15	DAVE ERNST 53 CELIA DRIVE PLEASANT HILL, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200-	200-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period - itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 700
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 299
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 999-

*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