COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM **460**

Page ____ of ____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 29 Oct 2007 through 6 Nov 2007

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

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
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ 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 (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Summary Page has been corrected

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):

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

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: Susan Street

MAILING ADDRESS:

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

NAME OF ASSISTANT TREASURER, IF ANY: Dan Dixon

MAILING ADDRESS:

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

Executed on 20 June 2008 (Date) By [illegible] (Assistant Treasurer)

Executed on July 8, 2008 (Date) By [illegible] (Signature of Controlling Officeholder / 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)

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 29 Oct 2007 through 6 Nov 2007

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Elizabeth Patterson

I.D. NUMBER: 1289634

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 1667	$ 13150
2. Loans Received	*Schedule B, Line 3*	4446	4446
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8113	$ 17596
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	8800
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8113	$ 26396

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 9570	$ 25238
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 9570	$ 25238
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	529	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	8800
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10099	$ 34038

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2966
13. Cash Receipts	*Column A, Line 3 above*	8113
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	9570
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1509

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*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 4975

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
/ /	$
/ /	$

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