Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 26

For Official Use Only

Date Stamp

RECEIVED
OCT 28 2009
CITY CLERK'S OFFICE
CITY OF BENICIA

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/20/09
through 10/17/09

Date of election if applicable (Month, Day, Year)
11/3/09

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:

- [ ] 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

Added three missing addresses (Schedule E), missing employment (Schedule C) and one accrued expense (Schedule F)

3. Committee Information

I.D. NUMBER 1236973

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Dan Smith to City Council 2009

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
James D. Stevenson

MAILING ADDRESS

CITY Benicia STATE CA ZIP CODE 94510 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Daniel C. Smith

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 and correct.

Executed on 10-27-2009 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/27/09 (Date) By _____ 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
Daniel C. Smith

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[illegible] East 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. Primarily Formed 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 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	☐ 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 9/20/09 through 10/17/09

Page 3 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 1,938	$ 10,935
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1,938	$ 10,935
4. Nonmonetary Contributions	Schedule C, Line 3	9,750	9,750
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 11,688	$ 20,685.05

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,397.87	$ 9,859.62
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,397.87	$ 9,859.62
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	2,546.49	2,546.49
10. Nonmonetary Adjustment	Schedule C, Line 3	9,750	9,750
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 17,694.36	$ 22,156.11

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 4,535.30
13. Cash Receipts	Column A, Line 3 above	1,938
14. Miscellaneous Increases to Cash	Schedule I, Line 4	7,762
15. Cash Payments	Column A, Line 8 above	5,397.87
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 8,837.43

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

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 — $ _____

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.

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 9/30/2009
through 10/17/09

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10/3/09	Lynda Gayden 496 South Clovercrest San Ramon, CA 94583	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Contra Costa Regional Health Foundation	$100	$100	
10/4/09	Patricia Kneisler 450 Greenbrier Ct. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Patricia Kneisler, Civil Engineer	$200	$400	
10/6/09	Solano County Democratic Central Committee ID# 742472 5429 Madison Ave Sacramento, CA 95841	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$100	$100	
10/5/09	United Democrats of Vallejo P.O. Box 1349 Vallejo, CA 94590 I.D.# 746068	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$143	$143	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	543	$743	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1,343
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 595
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 1,938

*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 9-20-09
through 10/17/09

CALIFORNIA FORM 460

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
9/26/09	David Shaw 454 Mills Drive BENICIA, CA 94510-1435	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.	
9/25/09	DUANE KROMM 827 Coventry LN. FAIRFIELD, CA 94533	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	200.00	200.	
9/25/09	Solano County Orderly Growth Committee 827 Coventry Lane FAIRFIELD, CA 94533 FPPC# 831689	☐IND ☒COM ☐OTH ☐PTY ☐SCC		500.00	500.	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 800.

*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
CALIFORNIA FORM 460

Statement covers period
from 9/20/2009
through 10/17/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10/3/09	Jerry Turner 640 East L St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed engineer Jerry Turner	art	$375	$375	
10/3/09	Ray Jackson 450 West K St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Ray Jackson	art	$375	$375	
10/3/09	Diane Hill 278 E. 2ND St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Administrator University of California	art	$300	$300	
10/3/09	Bill Harsh 333 E. K St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Bill Harsh	art	$350	$350	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1,400 | 1,400

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 9,175
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 575
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 $ 9,750

*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
CALIFORNIA FORM 460

Statement covers period
from 9/20/09
through 10/17/09

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10/3/09	Nikki Basch-Davis 123 W. D St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Nikki Basch-Davis	art + lesson	$500	$500	
10/3/09	Tenaya Arneson 110 East E St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	student Evergreen State College	art	$400.	400.	
10/3/09	Connie Millholland 991 Tyler St. #216 Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Connie Millholland	art	$375.	$375.	
10/3/09	Sarah Bessera 39 Castle Hill Vallejo, CA 94591	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed lobby researcher Sarah Bessera	art	$225.	$225.	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1,500 | $ 1,500

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

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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
CALIFORNIA FORM 460

Statement covers period
from 9/20/2009
through 10/17/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Cathryn Fosciato 3540 Windmill Wy Concord, CA 94518	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Cathryn Fosciato	art	$200	$200	
10/3/09	Dana Hooper 626 F St. Petaluma, CA 94952	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed artist Dana Hooper	art	$275	$275	
10/3/09	Carol Dalton 991 Tyler St. #201 Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed artist Carol Dalton	art	$250	$250	
10/3/09	Connie Kirk 420 Laurel Av. San Anselmo, CA 94950	☑IND ☐COM ☐OTH ☐PTY ☐SCC	selfemployed interior designer Kirk Designs	art	$200	$200	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 925 | 925

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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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 9/20/2009
through 10/17/2009

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Iris Sabre 962 Neilson St. Albany, CA 94706	☑IND ☐COM ☐OTH ☐PTY ☐SCC	homemaker	art	$200	$200	
10/3/09	Pam Glover 8A Lost Valley Rd. Orinda, CA 94563	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed artist Pam Glover	art	$300	$300	
10/3/09	~~[illegible]~~ DS. Gregg Renfrow 402 West J. St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Gregg Renfrow	art	$300	$500	
10/3/09	Ramona Kennon 7 Sodaro Dr. Martinez, CA 94553	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed ~~artist~~ artist Ramona Kennon	art	$175	$175	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 975 | $1,175

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

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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 9/20/2009
through 10/17/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Jan Turner 49 Herron St. Walnut Creek, CA 94591	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art	$275	$275	
10/3/09	Nancy Freeman 345 Columbia Cir. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	homemaker	art	$235	$235	
10/3/09	Susan Johnson 300 E. H St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed artist Susan Johnson	art	$125	$125	
10/3/09	Pat Ryll 2282 Clearview Cir. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art	$175	$195	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 810 | $830

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

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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 9/20/2009
through 10/17/2009

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10/3/09	Nancy Lund 200 Marina Village Wy Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art	$350	$350	
10/3/09	Marshall Lockman 1235 W. 2ND St. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art	$150	$150	
10/3/09	Dixie Mohan 6 Mountain View Lafayette, CA 94549	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art	$125	$125	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 625 | 625

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

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COM – Recipient Committee (other than PTY or SCC)
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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 9/20/2009
through 10/17/2009

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10/3/09	Craig Britton 811 Loring Av. Crockett, CA 94525	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed carpenter Craig Britton	art	$175	$175	
10/3/09	Susan Marcus 1548 Sherman Dr. Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed artist Susan Marcus	art	$125	$125	
10/3/09	Gregory Vasgeresian 2002 Rosemary Ct. Martinez, CA 94553	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed artist Gregory Vasgeresian	art	$175	$175	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 475 | 475

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*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
CALIFORNIA FORM 460

Statement covers period
from 9/20/2009
through 10/17/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Kathryn Erickson 14900 E. Jupiter Av. Lockeford, CA 95237	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed house painter Kathryn Erickson	art	$150	$150	
10/3/09	Terry Hughes P.O. Box 21 Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed financial planner Terry Hughes	art	$125	$125	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 275 | 275

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*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
CALIFORNIA FORM 460

Statement covers period
from 9/20/2009
through 10/17/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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)
10-3-2009	Kimberly ~~[illegible]~~ Hall 1811 East Newgrove St. Lancaster, CA 93535-3484	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst University of Southern California	WINE	200.00	200.00	
10-3-09	Ann Nourot 360 St Augustine Ct Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed Nourot Glass Studio	Glass Bowl Picollo Handbag	225.00	225.00	
10-3-09	Fred Schlatter 475 West J St. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sign Maker Carved Wood Graphics	Carved Sign	300.00	418.00	
10-3-09	Carol Sky 159 East D St. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Carol Sky Marriage & Family Therapy	Marriage, Family Therapy	300.00	300.00	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1,025 | 1,143

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*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
CALIFORNIA FORM 460

Statement covers period
from 09-20-2009
through 10-17-2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Avanti Photography 932 Grant Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC	AVANTI PHOTOGRAPHY	Portrait photography (2)	$ 2x 200. each = $400	400.00	
~~10/3/09~~	~~Tony Shannon 28 Buena Vista Benicia, CA 94510~~	☒IND ☐COM ☐OTH ☐PTY ☐SCC	~~Mighty Productions~~	~~WEB SITE HOSTING~~	~~$300.~~		
10/3/09	GORDON GRAY 96 Banbury Way Benicia, CA 94510	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self employed Gordon Gray Design	GRAPHIC DESIGN SERVICE	$ 240.00	240.00	
10/3/09	DAVID LOVEALL 71 Doray St. Concord, CA 92523	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed David J. Loveall	Chiropractic Introductory office visit	100.00	100.00	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 740 | 740

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*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
CALIFORNIA FORM 460

Statement covers period
from 9/20/2009
through 10/17/2009

Page 16 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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)
10/3/09	Erika Van 2009 991 Tyler St #113 Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Artist Self employed Erica Van 2009	Plates Trays (2)	(150. ea) 300.	300.	
10/3/09	Brad Adams 212 Radnor Ct Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Wood worker Self Employed Brad Adams	Wood Vase	$125.	125.	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 425 | 425

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (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 $ _____

*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
from 9/20/09
through 10/17/09

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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
Gordon Gray Design 96 Banbury Wy Benicia, CA 94510	LIT		764.44
Susan Street 240 E. 2ND St. Benicia, CA 94510	FND +OFC		137.16
Assistance Plus 4375 Emerald Ridge Lane Fairfield, CA 94534	LIT		1,428.78

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

SUBTOTAL $ 2,330.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5168.30
2. Unitemized payments made this period of under $100 ..... $ 229.57
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.) ..... TOTAL $ 5,397.87

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 9/20/2009 through 10/17/2009

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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
Susan Street 240 E. 2nd Street Benicia, CA 94510	FND	Auction Food etc	277.52
Kimble Goodman 131 Mounview Terrace Benicia, CA 94510	FND	Auction Chair Rental	170.15
Polygon Publishing P.O. Box 296 Benicia, CA 94510	PRT	Print Ad	1,325.00
Proforma Resources 1407 Tennessee St. Vallejo, CA 94589	CMP	Signs	595.25
Greg Davis 123 West D. Street Benicia, CA 94510	RFD	Returned Contributions	100.00

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

SUBTOTAL $ 2,367.92

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 9/20/2009 through 10/17/2009

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

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
ALICIA GALLAGHER 326 East L St. BENICIA, CA 94510	RFD	Returned Contributions	210.00
Kimble GOODMAN 131 Moundview Terr. Benicia, CA 94510	RFD	Returned Contributions	260.00

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

SUBTOTAL $ 470—

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 9/20/09
through 10/17/09

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

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
Assistance Plus 4375 Emerald Ridge Lane Fairfield, CA 94534	LIT	Ø	$3,975.27	$1,428.78	$2,546.49
SUBTOTALS $		Ø	$ 3,975.27	$ 1,428.78	$ 2,546.49

* 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 $** 3,975.27
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 $** 1,428.78
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 $** 2,546.49 (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 9/20/09
through 10/17/09

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Comittee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Alicia Gallagher 326 East L St. Benicia, CA 94510	auction purchases	$500
10/3/09	Doug Snyder 433 Heather Ct. Benicia, CA 94510	auction purchases	$500
10/3/09	Greg Davis 123 West D St. Benicia, CA 94510	auction purchases	$300
10/3/09	Kenneth Boman 45 Buena Vista Benicia, CA 94510	auction purchases	$385
10/3/09	Dyanne Vyjvoda 1607 Shirley Dr. Benicia, CA 94510	auction purchases	$225

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1,910

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 7,195-
2. Unitemized increases to cash of under $100 this period. ..... $ 567-
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 7,762-

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 9/20/09
through 10/17/09

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Kimble Goodman 131 Moundview Terr. Benicia, CA 94510	auction purchases	$500
10/3/09	Dan Clark 1607 Shirley Benicia, CA 94510	auction purchases	$500
10/3/09	Kathy Youngs 261 Panorama Dr. Benicia, CA 94510	auction purchases	$375

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1,375

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.

Statement covers period
from 9/20/09
through 10/17/09

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Brent Martin 326 E. L St. Benicia, CA 94510	auction purchases	$400
10/3/09	Barbara Simmons 352 Lori Dr. Benicia, CA 94510	auction purchases	$375
10/3/09	Pat Ryll 2282 Clearview Cir. Benicia, CA 94510	auction purchase	$150
10/3/09	Donnell Rubay 175 W. H St. Benicia, CA 94510	auction purchase	$110
10/3/09	Donna Parker 491 Mills Dr. Benicia, CA 94510	auction purchase	$500

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1,535

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.

Statement covers period
from 9/20/2009
through 10/17/2009

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER: 1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Jim Kushera 530 East L St. Benicia, CA 94510	auction purchases	$270
10/3/09	Jim Stevenson 449 Mills Dr. Benicia, CA 94510	auction purchases	$120
10/3/09	Cheryl Nelson 113 Ardmore Wy. Benicia, CA 94510	auction purchase	$125
10/3/09	Bob Berman 250 West K St. Benicia, CA 94510	auction purchases	$205
10/3/09	Robin Beckers 551 Lori Dr. Benicia, CA 94510	auction purchases	$300

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1,020

N. Freeman

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.

Statement covers period
from 9/20/09
through 10/17/09

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Sonja Brennan 306 East E St. Benicia, CA 94510	auction purchase	$175
10/3/09	Rachel Birnbaum 428 Mills Dr. Benicia, CA 94510	auction purchase	$120
10/3/09	Manuel Neri 135 W. J St. Benicia, CA 94510	auction purchase	$125
10/3/09	Pam Dixon 161 E. D St. Benicia, CA 94510	auction purchase	$150
10/3/09	Thomas Wood 1446 George Ct. Benicia, CA 94510	auction purchase	$150

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 720

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.

Statement covers period
from 9/20/09
through 10/17/09

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Dan Smith to City Council 2009

I.D. NUMBER
1236973

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/09	Maria Schlatter 475 W. J St. Benicia, CA 94510	auction purchase	$110
10/3/09	Dan Healy 1452 Drolette Wy Benicia, CA 94510	auction purchase	$100
10/3/09	Paula Bauer 3505 Sonoma Bl. #168 Vallejo, CA 94590	auction purchases	$425

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 635

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 $ _____