

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 17

For Official Use Only

Statement covers period
from 7-1-07
through 12-31-07

Date of election if applicable:
(Month, Day, Year)
4-8-08

Date Stamp
CITY OF SANTA CLARITA
2008 JAN 28 P 2:44

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: RECEIVED
CITY CLERKS OFFICE

- 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

3. Committee Information

I.D. NUMBER
1296281

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

Diane Trautman for City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE 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

Allan Trautman

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Clarita CA

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

treasurer@trautman4council.com

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 1-23-08
Date

Executed on 1-22-2008
Date

Executed on _____
Date

Executed on _____
Date

By Allan Trautman
Signature of Treasurer or Assistant Treasurer

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

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Diane Trautman for City Council

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/07</u> through <u>12/31/07</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>17</u> |
| | I.D. NUMBER 1296281 |

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 12,388 | \$ 17,191 |
| 2. Loans Received Schedule B, Line 3 | | 16,000 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 12,388 | \$ 33,191 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | 182 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 12,388 | \$ 33,373 |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 2,821 | \$ 3,113 |
| 7. Loans Made Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 2,821 | \$ 3,113 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | | |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | | 182 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 2,821 | \$ 3,295 |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-----------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 20,511 |
| 13. Cash Receipts Column A, Line 3 above | 12,388 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | |
| 15. Cash Payments Column A, Line 8 above | 2,821 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 30,078 |

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).

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

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 | \$ 16,000 |

