

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

2008 JUL 23 A 10:00 Date Stamp

CALIFORNIA FORM 460

RECEIVED CITY CLERKS OFFICE

Page 1 of 3

For Official Use Only

Statement covers period from 2/24/08 through 3/22/08 Date of election if applicable: 4/8/08

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER 1296557

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

Gutzeit 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

Maria Gutzeit

MAILING ADDRESS

same as at left

CITY STATE ZIP CODE 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.

Executed on 7/19/08 Date
Executed on 7/19/08 Date
Executed on Date
Executed on Date

By 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
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

Statement covers period from <u>2/24/08</u>	CALIFORNIA FORM 460
through <u>3/22/08</u>	
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1296557</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gutzeit for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 3284 6981	\$ 11495 11495
2. Loans Received Schedule B, Line 3	\$ 0	\$ 20,000 (prior)
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 3284 6981	\$ 11,495
4. Nonmonetary Contributions Schedule C, Line 3	\$ 350	\$ 512.50
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7331	\$ 12,007.50 12,007.50

**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	\$ 24,770.69	\$ 27,458.50
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 24,770.69	\$ 27,458.50
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ -9360.97	\$ 0 (N/A)
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 15,409.72	\$ 27,458.50

**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
<u>1/1/08</u>	\$ _____
<u>1/1/08</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 39,880.06
13. Cash Receipts Column A, Line 3 above	\$ 6981
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0 (none)
15. Cash Payments Column A, Line 8 above	\$ 24,770.69
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 22,090.37

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.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0 (N/A)
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 20000