Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 19

For Official Use Only

RECEIVED Date Stamp OCT 23 2008 CITY OF WEST SACRAMENTO

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 10/1/2008	11/4/2008
through 10/1[illegible]/2008 Any	

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

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

2. Type of Statement:

- [x] Preelection Statement
- [x] 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 1265695

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CABALDON COMMITTEE, MAYOR CHRISTOPHER

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
WEST SACRAMENTO	CA	95691	[redacted]

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
WEST SACRAMENTO	CA	95691	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Ashley Nicole Johnson

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	Ca	95833	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: Ashley@cabaldon.org

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 10/23/2008 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/23/2008 (Date) By [signature] (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.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Cabaldon

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Other: Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
PO Box 61	West Sacramento	Ca	95691

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

Statement covers period from 10/1/2008 through 10/16/2008

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... *Schedule A, Line 3*	$7,980.00	$19,800.00
2. Loans Received ..... *Schedule B, Line 3*	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*	$7,980.00	$19,800.00
4. Nonmonetary Contributions ..... *Schedule C, Line 3*	$0.00	$0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*	$7,980.00	$19,800.00

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*	$7,414.00	$27,352.12
7. Loans Made ..... *Schedule H, Line 3*	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*	$7,414.00	$27,352.12
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*	$7,901.31	$7,901.31
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*	$0.00	$0.00
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*	$15,315.31	$35,253.43

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.

Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*	$8,305.10
13. Cash Receipts ..... *Column A, Line 3 above*	$7,980.00
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*	$0.00
15. Cash Payments ..... *Column A, Line 8 above*	$7,414.00
16. ENDING CASH BALANCE ..... *Add Lines 12 + 13 + 14, then subtract Line 15*	$8,871.10

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2*	$0.00

To calculate Column B, add amounts in Column A to the corresponding amount 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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse*	$0.00
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above*	$7,901.31

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/13/2008	Gay & Lesbian Victory Fund 1133 15th Street, NW Suite 350 Washington, DC 20005 COMMITTEE ID: 930555	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/15/2008	McCallum Group Inc 629 J Street Suite 200 Sacramento, Ca 95814 ***SEE BELOW FOR TREASURER INFORMATION***	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
	TREASURER Unknown Unknown [redacted] Sacramento, Ca 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
10/13/2008	Estrella Shorev [redacted] West Sacramento, Ca 95606	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Retired EMPLOYER: Retired	$80.00	$80.00	
10/10/2008	L R Vessell [redacted] Broderick, Ca 95605	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Unknown EMPLOYER: Unknown	$125.00	$125.00	
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) $7,655.00
2. Amount received this period - unitemized monetary contributions of less than $100 ..... $325.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $7,980.00

*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.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/15/2008	Francisco & Erlinda Marasigan [redacted] Elk Grove, Ca 95624	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Doctor EMPLOYER: Marasigan Medical Corporation	$250.00	$250.00	
10/13/2008	Derek Ledda [redacted] Sacramento, Ca 95835	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Chair EMPLOYER: California Department of Education	$100.00	$100.00	
10/10/2008	Jeb Umphred Burton [redacted] West Sacramento, Ca 95605	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Attorney EMPLOYER: The Burton Law Firm	$250.00	$250.00	
10/12/2008	Wilbur Curtis [redacted] West Sacramento, Ca 95691	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Retired EMPLOYER: Retired	$50.00	$50.00	
10/10/2008	Karen Ziebron [redacted] West Sacramento, Ca 95605	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Chief of Staff EMPLOYER: Supervisor Dickinson's Office	$100.00	$100.00	
			SUBTOTAL $			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/1/2008	Lilia Rivera [redacted] Sacramento, Ca 95831	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: President EMPLOYER: Filipino Community of Sacramento & Vicinity	$200.00	$200.00	
10/1/2008	Tom Morrow [redacted] West Sacramento, Ca 95691	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Employee EMPLOYER: Morrow Surveying	$250.00	$250.00	
10/1/2008	CourseCo Inc. PO Box 1019 Petaluma, Ca 94953	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/13/2008	Sacramento Metropolitan Chamber One Capitol Mall Suite 300 Sacramento, Ca 95814 COMMITTEE ID: 840819	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/8/2008	Law Offices of Remy, Thomas, Moose & Manley, LLP 455 Capitol Mall, Suite 210 Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
			SUBTOTAL $			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/8/2008	Helen Andrews [redacted] Fairfield, Ca 94533	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Unknown EMPLOYER: Unknown	$250.00	$250.00	
10/8/2008	Ian Cornell [redacted] Fair Oaks, Ca 95628	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Marketing/Advertisng Self-Employed BUSINESS: Cornell Group	$250.00	$250.00	
10/8/2008	DRS [redacted] Clarksburg, Ca 95612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$150.00	$150.00	
10/7/2008	Frank Andrews, Jr. [redacted] Fairfield, Ca 94533	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Unknown EMPLOYER: Unknown	$250.00	$250.00	
10/7/2008	Jason Andrews [redacted] West Sacramento, Ca 95691	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Unknown EMPLOYER: Unknown	$250.00	$250.00	
			SUBTOTAL $			

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IND - Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/7/2008	Margaret Andrews [redacted] Fairfield, Ca 94534	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Unknown EMPLOYER: Unknown	$250.00	$250.00	
10/1/2008	PG&E 77 Beale Street San Francisco, Ca 94105	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/1/2008	American Property Development, Inc. 110 110th Ave N.E. Suite 550 Bellevue, WA 98004	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/3/2008	SGPA Architecture & Planning 1545 Hotel Circle S. Studio 200 San Diego, Ca 92108	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Mark Friedman [redacted] Sacramento, Ca 95864	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Developer Self-Employed BUSINESS: Fulcrom Management Group LLC	$250.00	$250.00	
			SUBTOTAL $			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/10/2008	Marjorie Solomon [redacted] Sacramento, Ca 95864	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Employee Self-Employed BUSINESS: UC David	$250.00	$250.00	
10/10/2008	Fulcrom Management Group LLC 1530 J Street Suite 200 Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	65 Street Village 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Rocky Ridge Venture LLC 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Fulcrum Redding LLC 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
			SUBTOTAL $			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

Page 10 of 20

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/10/2008	Rocklin Medical Ofc Investors LLC 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	GPF Illinois LLC 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Cannery Venture LP 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Fulcrum Property Corp. 1530 J Street Sacramento, Ca 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/10/2008	Wesley Beers [redacted] West Sacramento, Ca 95691	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Retired EMPLOYER: Retired	$50.00	$200.00	
			SUBTOTAL $			

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COM - Recipient Committee (other than PTY or SCC)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
10/10/2008	Jolaine Beers [redacted] West Sacramento, Ca 95691	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Retired EMPLOYER: Retired	$50.00	$200.00	
10/7/2008	Levi Benkert [redacted] Sacramento, Ca 95811	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCCUPATION: Employee EMPLOYER: LJ Urban	$250.00	$250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $		

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IND - Individual
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OTH - Other (e.g., business entity)
PTY - Political Party
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Schedule B - Part 1
Loans Received

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
		SUBTOTAL $	$	$	$			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period $0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period $0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET $0.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) $0.00
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ..... $0.00
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 $0.00

*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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $0.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) $0.00

Schedule E
Payments Made

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

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NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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
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
Post Master PO Box 61 West Sacramento, Ca 95691	POS	Mailbox	$29.00
Ashley Nicole Johnson [redacted] Sacramento, Ca 95833	CNS		$900.00
Comcast Spotlight 2710 Gateway Oaks Dr # 100S Sacramento, Ca 95833	TEL	Cable Ad	$5,675.00

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

SUBTOTAL $

Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.) $7,414.00
2. Unitemized payments made this period of under $100 ..... $0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $7,414.00

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

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NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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
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
Post Master PO Box 61 West Sacramento, Ca 95691	POS	Postage for Mailer	$810.00

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

SUBTOTAL $

Schedule F
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

CALIFORNIA FORM 460

Statement covers period
from 10/1/2008
through 10/16/2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

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
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 CLOSING OF THIS PERIOD
Murphy's Ink 3048 Root Avenue Carmichael, Ca 95608	LIT	$7,901.31	$7,901.31	$0.00	$7,901.31
* Payments that are contributions or independent expenditures must also be summarized on Schedule D, summarized on Schedule D.	SUBTOTAL $	$	$	$	$

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 $7,901.31
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 $0.00
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 $7,901.31 (May be a negative number)

Schedule H
Loans Made to Others*

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CABALDON COMMITTEE, MAYOR CHRISTOPHER

I.D. NUMBER
1265695

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
		SUBTOTAL	$	$	$	$		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

1. Loans made this period $0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans $0.00
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET $0.00
   Enter the net here and on the Summary Page, Column A, Line 7.
   (May be a negative number)

** If required.

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 10/1/2008
through 10/16/2008

CALIFORNIA FORM 460

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CABALDON COMMITTEE, MAYOR CHRISTOPHER

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1265695

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		SUBTOTAL $	

Schedule I Summary

1. Itemized increases to cash this period. $0.00
2. Unitemized increases to cash of under $100 this period. $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $0.00