Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/08 through 09/30/08

Date of election if applicable: (Month, Day, Year) 11/4/08

RECEIVED
Date Stamp
OCT 0 6 2008
CITY OF WEST SACRAMENTO

COVER PAGE
CALIFORNIA 2001/02 FORM 460
Page 1 of 18
For Official Use Only
ENTERED

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
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ 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
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1308399

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): MARK JOHANNESSEN FOR MAYOR

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

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

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

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691-1702 | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: DIANE BURTIS

MAILING ADDRESS: [redacted]

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691 | AREA CODE/PHONE: 916-374-0112

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. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/6/08 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/6/08 (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

MARK JOHANNESSEN

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

MAYOR - WEST SACRAMENTO

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted] 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. 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 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 07/01/08
through 09/30/08

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 8083.00	$ 8083.00
2. Loans Received	*Schedule B, Line 3*	135.00	135.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8218.00	$ 8218.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	405.00	405.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8623.00	$ 8623.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 4319.67	$ 4319.67
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 4319.67	$ 4319.67
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	6131.06	6131.06
10. Nonmonetary Adjustment	*Schedule C, Line 3*	405.00	405.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10855.75	$ 10855.75

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 00.00
13. Cash Receipts	*Column A, Line 3 above*	8218.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	00
15. Cash Payments	*Column A, Line 8 above*	4319.67
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3898.33

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 00

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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 7/1/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

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)
08/04/08	FRUGOLI FAMILY TRUST	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
08/31/08	JEFFREY REISIG [redacted] DAVIS, CA 95617	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	YOLO COUNTY DISTRICT ATTORNEY	100.00	100.00	100.00
08/13/08	FAMILY LAW CENTER 1722 PROFESSIONAL DRIVE	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
08/10/08	TOWNHOUSE MOTEL 940 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	FLAMINGO MOTEL 920 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	800.00		

Schedule A Summary

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

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
08/11/08	BUDGET MOTEL 964 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	EL TEJON MOTEL 1821 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	DUDE MOTEL 1451 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	STARDUST MOTEL 1451 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	SAHARA MOTEL 1724 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	500.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ _____
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3. Total monetary contributions received this period.
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Schedule A
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

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)
08/15/08	PICKWICK MOTEL 1821W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/26/08	W SACRAMENTO HOTEL/MOTEL ASSOC PO BOX 239 W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
08/28/08	S&B PATEL REVOCABLE TRUST 1550 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00
08/19/08	DAYS INN SACRAMENTO DOWNTOWN 228 JIBBOOM ST SACRAMENTO, CA 95811	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00
09/09/08	ECOMONY INN 1261 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	850.00		

Schedule A Summary

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Monetary Contributions Received

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SCHEDULE A

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I.D. NUMBER: 1308399

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09/25/08	STUART GREENFIELD [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150.00	150.00	150.00
09/26/08	HAROLD WECKER [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	200.00
09/12/08	MARY LASELL [redacted] BRYTE, CA 95605	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	100.00
09/13/08	LR VESSELL [redacted] BRODERICK, CA 95605	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	125.00	125.00	125.00
09/06/08	MARTIN FLATLEY [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OFFICER, WEST SACRAMENTO POLICE	100.00	100.00	100.00
			SUBTOTAL $	675.00		

Schedule A Summary

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

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Schedule A
Monetary Contributions Received

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SCHEDULE A

CALIFORNIA FORM 460

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I.D. NUMBER: 1308399

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08/14/08	GOLDEN MOTEL 1917 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	CHRIS COLLINS [redacted] BRODERICK, CA 95605	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INNKEEPER - WELCOME GROVE MOTEL	100.00	100.00	100.00
08/11/08	SKY RANCH MOTEL 1800 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/12/08	PACIFIC MOTEL 1915 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	SUNSET INN & SUITES 2641 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	500.00		

Schedule A Summary

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

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Schedule A
Monetary Contributions Received

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SCHEDULE A

CALIFORNIA FORM 460

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from 07/01/08
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NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
08/11/08	PLAZA MOTEL 2701 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	VINCE'S MOTEL 840 HARBOR BLVD W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	KRISH REDDY [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HOTEL OWNER/FLAG-STONE MOTEL	100.00	100.00	100.00
08/11/08	ECHO LODGE 1810 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
08/11/08	COMMODORE MOTEL & APTS 3319 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	500.00		

Schedule A Summary

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

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Schedule A
Monetary Contributions Received

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SCHEDULE A

CALIFORNIA FORM 460

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Page 10 of 18

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NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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09/08/08	SHERGIL CORPORATION 4790 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
09/22/08	MARIKO YAMADA [redacted] SACRAMENTO, CA 95612	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SUPERVISOR - YOLO COUNTY	100.00	100.00	100.00
09/15/08	RAMADA INN & PLAZA 1250 HALYARD DR W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
07/18/08	K MAURICE JOHANNESSEN [redacted] REDDING, CA 96001	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INVESTOR	250.00	250.00	250.00
07/18/08	MARIANNE JOHANNESSEN [redacted] REDDING, CA 96001	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INVESTOR	250.00	250.00	250.00
			SUBTOTAL $	1100.00		

Schedule A Summary

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

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Schedule A
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

CALIFORNIA FORM 460

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from 07/01/08
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NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
08/04/08	VINCE'S PARTNERS LP 2880 JEFFERSON BLVD W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
08/24/08	JIM FOSSUM [redacted] SACRAMENTO, CA 95821	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF-EMPLOYED SACRAMENTO NATURAL GAS STORAGE	250.00	250.00	250.00
08/11/08	CREST MOTEL 958 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00
08/18/08	BEST VALUE CONTINENTAL IN 1432 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	800.00		

Schedule A Summary

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

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
09/06/08	FRANCES EKLUND [redacted] W SACRAMENTO, CA 95605	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	250.00	250.00	250.00
09/06/08	NELS EKLUND [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	250.00	250.00	250.00
09/09/08	SACRAMENTO COUNTY DEPUTY SHERIFFS ASSOC - PAC ID 781626 1700 I STREET SACRAMENTO, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
09/09/08	BROADWAY AUTO SERVICE 2031 W CAPITOL AVE W SACRAMENTO, CA 95691	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
09/09/08	J P SINGH [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRESIDENT, OMEGA MACHINES	250.00	250.00	250.00
			SUBTOTAL $	1250.00		

Schedule A Summary

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

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
09/12/08	TIRATH PAL SANDHU [redacted] SACRAMENTO, CA 95834	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER - STATE OF CALIFORNIA	100.00	100.00	100.00
09/16/08	GURDIP REHAL [redacted] DAVIS, CA 95616	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER - STATE OF CALIFORNIA	150.00	150.00	150.00
09/07/08	IQBAL BADWALT [redacted] ELK GROVE, CA 95624	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA - STATE OF CALIFORNIA	100.00	100.00	100.00
07/22/08	PATRICIA FLINT [redacted] W SACRAMENTO, CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
09/05/08	THOR CORNELIUS [redacted] W SACRAMENTO,CA 95691	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PHYSICIAN, CORNELIUS PSYCH-IATRIC MED OFFICE	100.00	100.00	100.00
			SUBTOTAL $	550.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 7525.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 558.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8083.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period from 07/01/08 through 09/30/08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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
MARK JOHANNESSEN 1610 HEADLANDS RD W SACRAMENTO, CA 95691 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY, FAMILY LAW CENTER	$ 135.00	$ 135.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 135.00 12/31/08 DATE DUE	0.00 % RATE $ ____	$ 135.00 09/14/08 DATE INCURRED	CALENDAR YEAR $ 135.00 PER ELECTION** 135.00 $ ____
†☐ 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** $ ____
		SUBTOTALS $ 135.00	$	$ 135.00	$			

Schedule B Summary

1. Loans received this period ..... $ 135.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 00.00
   (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 $ 135.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

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

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other 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 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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)
09/26/08	JIM BREWER [redacted] W SACRAMENTO, CA 95605	☒IND ☐COM ☐OTH ☐PTY ☐SCC	COMPUTER PROGRAMMER-WEB SERVICES WEST	WEB SERVICES SUPPLIES & OTHER CAMPAIGN SUPS	250.00	250.00	250.00
09/26/08	CHARLOTTE DORSEY [redacted] W SACRAMENTO, CA 95605	☒IND ☐COM ☐OTH ☐PTY ☐SCC	WEB DESIGNER WEB SERVICES WEST	WEB SERVICES SUPPLIES	155.00	155.00	155.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 405.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 405.00
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 $ 405.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

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
CAPITAL MAILING SERVICES, INC. 1421 SHORE ST W SACRAMENTO, CA 95691	POS	POSTAGE	300.00
RUSTY MENDEZ [redacted] W. SACRAMENTO,CA 95691	CMP	CAMPAIGN ASSISTANCE	1000.00
TIERA MENDEZ [redacted] W SACRAMENTO, CA 95691	CMP	CAMPAIGN ASSISTANCE	250.00

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

SUBTOTAL $ 1550.00

Schedule E Summary

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

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 07/01/08
through 09/30/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

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
MCNALLEY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE SACRAMENTO, CA 95814	CNS	SLATES	1527.00
CITY OF WEST SACRAMENTO	FIL	FILING FEE	1050.00

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

SUBTOTAL $ 2577.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 4127.00
2. Unitemized payments made this period of under $100 ..... $ 192.67
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.) ..... TOTAL $ 4319.67

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 07/01/08
through 09/30/08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

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
ALLIED PRINTING COMPANY 1912 O ST SACRAMENTO, CA 95811	CMP	0.00	901.42	0.00	901.42
MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVENUE SACRAMENTO, CA 95814	CNS	0.00	5229.64	0.00	5229.64
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	00.00	$ 6131.06	$ 0.00	$ 6131.06

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 $ 6131.06
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 $ 6131.06
   May be a negative number