Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

For Official Use Only

ENTERED

Date Stamp

RECEIVED NOV 05 2008 CITY OF WEST SACRAMENTO

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 7/1/08 through 9/30/08	11/4/08

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:

- [x] 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

CORRECT CLERICAL ERRORS IN PRIOR FORM 460, REFLECT NEW TREASURER

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 | AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS: [redacted]

Treasurer(s)

NAME OF TREASURER: MARK JOHANNESSEN

MAILING ADDRESS: [redacted]

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

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 11/5/08 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 11/5/08 (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)

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 7/1/08
through 9/30/08

Page 2 of 6

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*	$ 8073	$ 8073
2. Loans Received	*Schedule B, Line 3*	135	135
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8208	$ 8208
4. Nonmonetary Contributions	*Schedule C, Line 3*	405	405
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8613	$ 8613

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 7249	$ 7249
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 7249	$ 7249
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	8812	8812
10. Nonmonetary Adjustment	*Schedule C, Line 3*	405	405
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 16466	$ 16466

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	8208
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	7249
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 959

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

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 8947

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 7/1/08
through 9/30/08

Page 3 of 6

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)
8/4/08	FRUGOLI FAMILY TRUST [redacted] WEST SACRAMENTO CA 95691	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	250
8/13/08	JEFFREY REISIG [redacted] DAVIS, CA 95617	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	YOLO COUNTY DISTRICT ATTORNEY	100	100	100
	PRIOR INFORMATION ON PAGE 4 OF 18 THROUGH 13 OF 18 OF 10/6/08 FILING NEED NO CORRECTION	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
	THE ABOVE ADDED ADDRESS TO ITEM 1 AND CORRECTED CONTRIBUTION DATE OF ITEM 2	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
	LINE 2 CORRECTS MISCLASSIFICATION OF LOAN TO CAMPAIGN	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7525
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 548
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8073

*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

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 7/1/08
through 9/30/08

SCHEDULE E
CALIFORNIA FORM 460

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
CAPITOL MAILING SERVICES 1421 SHORE ST WEST SACRAMENTO, CA 95691	POS		300
RUSTY MENDEZ 1050 1/2 JEFFERSON WEST SACRAMENTO, CA 95691		CAMPAIGN ASSISTANCE	1100
TIERA MENDEZ 1050 1/2 JEFFERSON WEST SACRAMENTO, CA 95691		CAMPAIGN ASSISTANCE	1530

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

SUBTOTAL $ 2930

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7007
2. Unitemized payments made this period of under $100 ..... $ 242
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 $ 7249

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 7/1/08
through 9/30/08

CALIFORNIA FORM 460

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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 1817 CAPITOL AVE SACRAMENTO, CA 95814		SLATES	1527
MCNALLEY TEMPLE ASSOCIATES 1817 CAPITOL AVE SACRAMENTO, CA 95814	CNS		1500
CITY OF WEST SACRAMENTO 1110 WEST CAPITOL AVE WEST SACRAMENTO, CA 95691	FIL		1050

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

SUBTOTAL $ 4077

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7/1/08
through 9/30/08

CALIFORNIA FORM 460

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NAME OF FILER
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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 1912 O ST SACRAMENTO, CA 95811	LETTERHEAD, ENVELOPES	0	901	0	901
MCNALLEY TEMPLE ASSOCIATES 1817 CAPITOL AVE SACRAMENTO, CA 95814	CNS	0	9411	1500	7911
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	$	10312	$ 1500	$ 8812

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 $ 10312
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 $ 1500
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 $ 8812
   May be a negative number