

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

<p>RECEIVED <small>Date Stamp</small> OCT 25 2018 CITY OF SONOMA</p>	<p><b>CALIFORNIA FORM 460</b></p>
	<p>Page <u>1</u> of <u>7</u> For Official Use Only</p>

<p><b>Statement covers period</b></p>	<p><b>Date of election if applicable:</b> (Month, Day, Year)</p>
<p>from <u>09/23/18</u></p>	<p><u>11/06/18</u></p>
<p>through <u>10/20/18</u></p>	

SEE INSTRUCTIONS ON REVERSE

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br/> <input type="checkbox"/> State Candidate Election Committee<br/> <input type="checkbox"/> Recall<br/> <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee<br/> <input type="checkbox"/> Sponsored<br/> <input type="checkbox"/> Small Contributor Committee<br/> <input type="checkbox"/> Political Party/Central Committee</p> | <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee<br/> <input type="checkbox"/> Controlled<br/> <input type="checkbox"/> Sponsored<br/> <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br/> <small>(Also Complete Part 7)</small></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2. Type of Statement:**

- |                                                                                                                                                                                                                                                                                         |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> Preelection Statement<br/> <input type="checkbox"/> Semi-annual Statement<br/> <input type="checkbox"/> Termination Statement<br/> <small>(Also file a Form 410 Termination)</small><br/> <input type="checkbox"/> Amendment (Explain below)</p> | <p><input type="checkbox"/> Quarterly Statement<br/> <input type="checkbox"/> Special Odd-Year Report</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**3. Committee Information**

I.D. NUMBER  
140421

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

Chris Petlock for Sonoma City Council 2018

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sonoma</u>	<u>CA</u>	<u>95476</u>	<u>707-721-6000</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Chris Petlock

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sonoma</u>	<u>CA</u>	<u>95476</u>	<u>707-721-6000</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/25/18  
Date

By [REDACTED]

Executed on 10/25/18  
Date

By [REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent, 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**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Chris Petlock

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Sonoma, CA 95476

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/23/18</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/20/18</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>140421</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Chris Petlock for Sonoma City Council

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>2181.99</u>	\$ <u>2351.99</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>2181.99</u>	\$ <u>3851.99</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>1910.00</u>	<u>1990.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>4091.99</u>	\$ <u>5841.99</u>

**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	\$ <u>5841.99</u>	\$ <u>5841.99</u>
21. Expenditures Made	\$ <u>3593.54</u>	\$ <u>3593.54</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>1933.54</u>	\$ <u>3593.54</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>1933.54</u>	\$ <u>3593.54</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>                    </u>	<u>                    </u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>                    </u>	<u>                    </u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1933.54</u>	\$ <u>3593.54</u>

**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>          /          /          </u>	\$ <u>                    </u>
<u>          /          /          </u>	\$ <u>                    </u>

**Current Cash Statement**

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>90.00</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>2181.99</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>                    </u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>-1933.54</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>338.45</u>

*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* \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>1500.00</u>



**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/23/18  
through 10/20/18

**CALIFORNIA FORM 460**

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Petlock for Sonoma City Council

I.D. NUMBER

140421

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
Chris Petlock  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant	\$ <u>1500.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1500.00</u>  <u>12/31/18</u> DATE DUE	<u>0.00</u> % RATE  \$ <u>0.00</u>	\$ <u>1500.00</u>  <u>07/18</u> DATE INCURRED	CALENDAR YEAR \$ <u>1500.00</u> PER ELECTION** \$ <u>1500.00</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b> \$ _____ \$ _____ \$ _____ \$ _____								

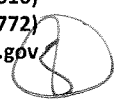
**Schedule B Summary**

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.

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

†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**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/18	
through	10/20/18	Page <u>5</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Chris Petlock for Sonoma City Council		140421

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
09/28/18	Epicurean Connection 400 W Spain St, Sonoma, CA 95476	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food, Beverage & Venue donation	400.00	400.00	
10/01/18	Sonoma Spring Brewery 19449 Riverside Dr #101, Sonoma, CA 95476	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food, Beverages & Venue donation	400.00	400.00	
10/01/18	Level Sleep 579 1st St W, Sonoma, CA 95476	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Ice Cream & sign	190.00	190.00	
10/20/18	Larry Barnett [REDACTED] Sonoma, Ca 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Marketing & Media	320.00	400.00	
<b>Attach additional information on appropriately labeled continuation sheets.</b>					<b>SUBTOTAL \$</b>	1310.00	

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 1310.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 600.00
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.).....	<b>TOTAL \$ 1910.00</b>

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>6</u> of <u>7</u>
I.D. NUMBER 140421	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Chris Petlock for Sonoma City Council

**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
Facebook	MBR	Advertising	485.17
Staples	LIT	Printing supplies for door hangers, flyers...	485.08
Patt's Copy World	LIT	Cards, & Doorhangers	135.63

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

**SUBTOTAL \$ 1105.88**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1328.52
2. Unitemized payments made this period of under \$100	\$ 605.02
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.)	<b>TOTAL \$ 1933.54</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>7</u>	I.D. NUMBER 140421

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Petlock for Sonoma City Council

**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
Broadway Market	FND	Food & Beverages for Campaign Events	222.64

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

**SUBTOTAL \$ 222.64**

