

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

City of Brentwood

JUL 28 2011

City Clerk

|   |   |
|---|---|
| <b>Statement covers period</b><br>from <u>01-01-2011</u><br>through <u>12-31-2010</u> | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br><u>11-04-2008</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <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 | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)  |

**2. Type of Statement:**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> |
| <input type="checkbox"/> Amendment (Explain below)                                   |                          |

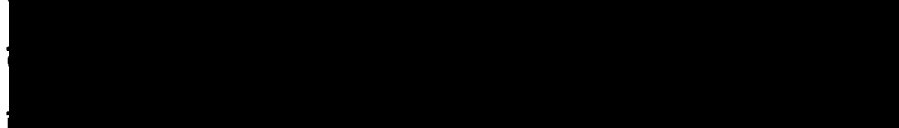
**3. Committee Information**

I.D. NUMBER  
**1287314**

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

**Committee to Reelect Robert (Bob) Taylor Mayor, Brentwood, California**

STREET ADDRESS (NO P.O. BOX)



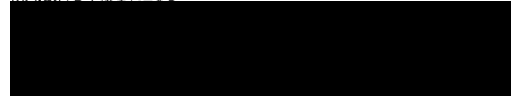
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Stephen F. Smith**

MAILING ADDRESS



NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE

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

Executed on July 26, 2011  
Date

Executed on July 26, 2011  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By

By

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Robert G. Taylor

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

Mayor, Brentwood, California

**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?<br><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?<br><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

Identify the controlling officeholder, candidate, or

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

## 7. Primarily Formed Candidate/Officeholder or officeholder(s) or candidate(s) for which this committee

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S

Attach continuation sheets

**Campaign Disclosure Statement  
Summary Page**

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

Statement covers period  
from 01-01-2011  
through 12-31-2010

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

| <b>Contributions Received</b>         |                    | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|---|---|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ <u>-0-</u>   | \$ <u>-0-</u>                                     |
| 2. Loans Received .....               | Schedule B, Line 3 | <u>-0-</u>  | <u>-0-</u>  |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ <u>-0-</u>   | \$ <u>-0-</u>                                     |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | <u>-0-</u>  | <u>-0-</u>  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ <u>-0-</u>   | \$ <u>-0-</u>                                     |

**Calendar Year  
Running in Bot  
General Electio**

20. Contributions  
Received

21. Expenditures  
Made

| <b>Expenditures Made</b>                 |                      | <b>Column A</b> | <b>Column B</b> |
|--|----------------------|-----------------|-----------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ <u>72.00</u> | \$ <u>72.00</u> |
| 7. Loans Made .....                      | Schedule H, Line 3   | <u>-0-</u>      | <u>-0-</u>      |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ <u>72.00</u> | \$ <u>72.00</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | <u>-0-</u>      | <u>-0-</u>      |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | <u>-0-</u>      | <u>-0-</u>      |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ <u>72.00</u> | \$ <u>72.00</u> |

**Expenditure Li  
Candidates**

22. Cumu  
(if su

Date of Electio  
(mm/dd/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

| <b>Current Cash Statement</b>             |   |                  |
|---|---|------------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ <u>101.50</u> |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | <u>-0-</u>       |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | <u>-0-</u>       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | <u>72.00</u>     |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>29.50</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).

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2 \$ \_\_\_\_\_

| <b>Cash Equivalents and Outstanding Debts</b> |                                       |                    |
|---|---------------------------------------|--------------------|
| 18. Cash Equivalents .....                    | See instructions on reverse           | \$ _____           |
| 19. Outstanding Debts .....                   | Add Line 2 + Line 9 in Column B above | \$ <u>15732.23</u> |

\*Amounts in this sec  
reported in Column B

FPPC Toll-Free H

**Schedule E  
Payments Made**

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

Statement covers per  
from 01-01-2011  
through 12-31-2011

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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 prod   |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions   |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' sa     |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime ar |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodgi  |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lo  |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between com     |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration       |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology   |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT |
|---|------|----|------------------------|
|   |      |    |                        |
|   |      |    |                        |
|   |      |    |                        |

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

**Schedule E Summary**

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