

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM **460**

Page 1 of 2

For Official Use Only

Statement covers period  
from 1/1/07  
through 6/30/07

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

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

- 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:

- Preelection Statement
- 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

add street address for contributor on page 5 of schedule A

### 3. Committee Information

I.D. NUMBER  
1299396

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

Friends of Rue Furch

STREET ADDRESS (NO P.O. BOX)

1430 High School Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sebastopol</u>	<u>CA</u>	<u>95473</u>	<u>(707)823-5551</u>

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

PO Box 1853

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sebastopol</u>	<u>CA</u>	<u>95473</u>	<u>(707)823-5551</u>

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Scott Stegeman

MAILING ADDRESS

1430 High School Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sebastopol</u>	<u>CA</u>	<u>95472</u>	<u>(707)823-1925</u>

NAME OF ASSISTANT TREASURER, IF ANY

Bette Ann Fleischacker

MAILING ADDRESS

845 Starr Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Windsor</u>	<u>CA</u>	<u>95492</u>	<u>(707)836-1180</u>

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 10/16/07  
Date

By Bette Ann Fleischacker  
Signature of Treasurer or Assistant Treasurer

Executed on Oct 16, 2007  
Date

By Rue Furch  
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.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/07</u> through <u>6/30/07</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Friends of Rue Furch</b>	I.D. NUMBER <b>1299396</b>
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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)
6/12/2007	Susan Gorin 1920 Bent Tree Pl. Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Santa Rosa	250.00	250.00	250.00 (2008P)
6/30/2007	J. Robert Higham 3505 Wallace Road Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00	1,000.00	1,000.00 (2008P)
6/30/07	Nancy C. Higham 3505 Wallace Road Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator SUSD	1,000.00	1,000.00	1,000.00 (2008P)
6/30/07	Huffman for Assembly 2008 3501 Civic Center Drive, Room 412 San Rafael, CA 94903	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1292878	500.00	500.00	500.00 (2008P)
6/30/07	Karl Keener 2675 Keiser Road Kenwood, CA 95452	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arbitrator & Mediator Self	250.00	250.00	250.00 (2008P)
<b>SUBTOTAL \$</b>				<b>3,000.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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 (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee