

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code, Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM
460

Page _____ of _____
For Official Use Only

Date Stamp

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OFFICE OF THE
CITY CLERK
CITY OF VALLEJO

Type or print in ink.

Date of election if applicable:

(Month, Day, Year) 11/05/2013

Statement covers period

from 09/22/2013

through 10/19/2013

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- Ballot Measure Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Committee
- Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER

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

Chris Platzer for City Council 2013

Treasurer(s)

NAME OF TREASURER

Chris Platzer

MAILING ADDRESS

CITY Vallejo STATE CA ZIP CODE 94592 AREA CODE/PHONE

CITY Vallejo STATE CA ZIP CODE 94592 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Rydel Peterson

MAILING ADDRESS

375 G St., Suite 3

CITY Vallejo STATE CA ZIP CODE 94592 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS
chrisforcouncil@outlook.com

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: 10/24/13 Date

Executed on: 10/24/13 Date

Executed on: _____ Date

Executed on: _____ Date

X By:  Signature of Treasurer or Assistant Treasurer

K By:  Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By: _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By: _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

**Recipient Committee
 Campaign Statement
 Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Chris Platzer

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Member - Vallejo

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 Vallejo CA 94590

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		<input type="radio"/> YES <input type="radio"/> 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	<input type="radio"/> SUPPORT <input type="radio"/> 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

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	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary.

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chris Platzer for City Council 2013

Statement covers period
09/22/2013
from 10/19/2013 through

Page _____ of _____

ID. NUMBER
1359678

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 6350.00	\$ 11750.00
2. Loans Received..... Schedule B, Line 3	0	101.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 6350.00	\$ 11851.00
4. Nonmonetary Contributions..... Schedule C, Line 3	68137.25	69092.80
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 74487.25	\$ 80943.80

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 \$ _____

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 3403.11	\$ 8902.88
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3403.11	\$ 8902.88
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	68137.25	69092.80
11. TOTAL EXPENDITURES MADE..... Add Lines 6 + 9 + 10	\$ 71540.36	\$ 77995.68

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election _____ Total to Date _____
(mm/dd/yy)

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1.23
13. Cash Receipts..... Column A, Line 3 above	\$ 6350.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	\$ 3403.11
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2948.12

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

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	\$ 0

**Schedule A
Monetary Contributions Received**

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

SEE INSTRUCTIONS ON REVERSE.

NAME OF FILER

Chris Platzer for City Council 2013

Statement covers period
from 09/22/2013
through 10/19/2013

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I.D. NUMBER
1359678

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)
09/23/2013	Randolph Peterson P.O. Box 1700 Richland, WA 99352	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	10 North Washington Ave. LLC	2,000.00	7,000.00	7,000.00
10/03/2013	Randolph Peterson P.O. Box 1700 Richland, WA 99352	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	10 North Washington Ave. LLC	3,000.00	10,000.00	10,000.00
10/17/2013	Buck Kamphausen 200 Rollingwood Drive Vallejo, CA 94591	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Skyview Memorial Lawn	1,000.00	1,000.00	1,000.00
10/17/2013	G&M Foreign Cars 1921 Sonoma Blvd. Vallejo, CA 94590	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		150.00	150.00	150.00
10/18/2013	Gary Whitney & Shirley Whitney Marine Survey & Mgmt. Co. 903 Eastman Lane Petaluma, CA 94952	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		200.00	200.00	200.00
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6350.00
- Amount received this period - unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6350.00

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (other than PTY or SCC)
 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.

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 09/22/2013
through 10/19/2013

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

Chris Platzer for City Council 2013

1359678

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	PERELECTION**
<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____%	\$ _____ DATE INCURRED _____	\$ _____	\$ _____ PERELECTION**
<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____%	\$ _____ DATE INCURRED _____	\$ _____	\$ _____ PERELECTION**
<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____%	\$ _____ DATE INCURRED _____	\$ _____	\$ _____ PERELECTION**
SUBTOTALS									\$ _____

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans less than \$100.) \$ _____
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) \$ _____
- Net change this period. (Subtract Line 2 from Line 1.) (Enter the net here and on the Summary Page, Column A, Line 2.) NET \$ _____ (May be a negative number)

*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.

Statement covers period
from 09/22/2013
through 10/19/2013

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Chris Platzel for City Council 2013

I.D. NUMBER
1359678

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)
10/01/2013	Randolph Peterson P.O. BOX 1700 Richland, WA 99352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	10 North Washington Ave., LLC	Office Space in October	\$133.75	\$133.75	133.75
9/22/2013	Randolph Peterson P.O. Box 1700 Richland, WA 99352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	10 North Washington Ave., LLC	Campaign Workers	\$67,768.38	\$67,768.38	67,768.38
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period -- nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 67902.13
- Amount received this period -- unitemized nonmonetary contributions of less than \$100 \$ 235.12
- 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 \$** 68137.25

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

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

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

SCHEDULEE (CONT)

CALIFORNIA
FORM **460**

Statement covers period
from 09/22/2013
through 10/19/2013

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Chris Platzer for City Council: 2013

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ID NUMBER
1359678

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CAP	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)*	OFI	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	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
Wheeler-Sonoma Printers 836 Sonoma Blvd Vallejo, CA 94590	LIT			282.43
Wheeler-Sonoma Printers 836 Sonoma Blvd Vallejo, CA 94590	LIT			434.50
Vallejo Times Herald 440 Curtola Pkwy Vallejo, CA 94590	PRT			350.00
Vallejo Times Herald 440 Curtola Pkwy Vallejo, CA 94590	PRT			398.00
Wheeler-Sonoma Printers 836 Sonoma Blvd Vallejo, CA 94590	LIT			423.64

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1888.57**

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
460

Statement covers period
from 09/22/2013
through 10/19/2013

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NAME OF FILER

Chris Platzer for City Council 2013

I.D. NUMBER

1359678

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Vallejo Times Herald 440 Curtola Pkwy Vallejo, CA 94590	PRT		350.00
SUBTOTAL \$			350.00

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