

Recipient Committee Campaign Statement Cover Page
(Government Code Sections 84200-84216.5)

CITIZ COMP PLAN

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period from 01/01/08 through 07/31/08		Date of election if applicable: (Month, Day, Year) N/A	Date Stamp JAN 13 2008 10:32 AM
Page 1 of 3		For Official Use Only	

2. Type of Statement:

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

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

- Officeholder, Candidate Controlled Committee
- Primarily Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
- Sponsored Committee
- Controlled Committee
- Primarily Formed Ballot Measure Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Community Planning

STREET ADDRESS (NO P.O. BOX) 334 Beardsley Avenue, #8
CITY Bakerfield STATE CA ZIP CODE 93308
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. Box 1578
CITY Bakerfield STATE CA ZIP CODE 93302
AREA CODE/PHONE (661) 399-0397

OPTIONAL: FAX / E-MAIL ADDRESS Bakerfield CA 93302 (661) 399-0397
OPTIONAL: FAX / E-MAIL ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS
NAME OF ASSISTANT TREASURER, IF ANY
CITY STATE ZIP CODE AREA CODE/PHONE Bakerfield CA 93302 (661) 399-0397
NAME OF TREASURER Brian J. Todd
MAILING ADDRESS P.O. Box 1578
CITY STATE ZIP CODE AREA CODE/PHONE Bakerfield CA 93302 (661) 399-0397
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 12/16/08
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Executed on _____
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Executed on _____
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
By _____
Signature of Treasurer or Assistant Treasurer

Campaign Disclosure Statement

Summary Page

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

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NAME OF FILER

Citizens for Community Planning

SUMMARY PAGE

460 CALIFORNIA FORM

Statement covers period from 01/01/08 through 07/31/08

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I.D. NUMBER 1271067

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$	_____
21. Expenditures Made	\$	_____

7/1 to Date

1/1 through 6/30

Contributions Received

1. Monetary Contributions	Schedule A, Line 3	\$	0
2. Loans Received	Schedule B, Line 3	\$	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	0
4. Nonmonetary Contributions	Schedule C, Line 3	\$	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	0

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	500
7. Loans Made	Schedule H, Line 3	\$	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	500
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	500

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	(Subject to Voluntary Expenditure Limit)	\$	_____
Date of Election	(m/dd/yy)	_____	_____
Total to Date		\$	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	556.55
13. Cash Receipts	Column A, Line 3 above	\$	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	500
15. Cash Payments	Column A, Line 8 above	\$	56.55
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	500
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	0
18. Cash Equivalents	See instructions on reverse	\$	0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	0

Cash Equivalents and Outstanding Debts

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.

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I.D. NUMBER
 1271067

Schedule E
Payments Made

Type or print in ink.
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Citizens for Community Planning

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
- 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)
- 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
- M G 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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brian Todd P.O. Box 1578 Bakersfield, CA 93302	MTG	Meeting Expense	500.00
SUBTOTAL \$			500.00

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

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 500.00
- 2. Unitemized payments made this period of under \$100 \$ 0
- 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 \$** 500.00