

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**2<sup>nd</sup> Semi Annual 7/1/04 or(DofLF) to 12/31/04**

Type or print in ink.

AMER BARRETT KERN COUNTY ELECTION		COVER PAGE
BY _____		<b>CALIFORNIA 2001/02 FORM</b>
2004 DEC 16 AM 8:21		<b>460</b>
RECEIVED: _____		Page <u>1</u> of <u>5</u>
FILED: _____		For Official Use Only

CITZ COM PLAN

Statement covers period from <u>09/23/04</u> through <u>12/31/04</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement     | <input checked="" type="checkbox"/> Quarterly Statement                          |
| <input type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement     | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) |  |

**3. Committee Information**

I.D. NUMBER 1271067

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CITIZENS FOR COMMUNITY PLANNING

STREET ADDRESS (NO P.O. BOX)  
1001 17th STREET, STE D

CITY STATE ZIP CODE AREA CODE/PHONE  
BAKERSFIELD CA 93301 661/325/1191

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

**Treasurer(s)**

NAME OF TREASURER  
MICHAEL TURNIPSEED

MAILING ADDRESS  
1001 17th STREET, STE D

CITY STATE ZIP CODE AREA CODE/PHONE  
BAKERSFIELD, CA 93301 661/325/1191

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

661/325/1192

OPTIONAL FAX / E-MAIL ADDRESS

661/325/1192

**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 12/14/04  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>09/23/04</u> through <u>09/31/04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>5</u>	I.D. NUMBER <u>1271067</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR COMMUNITY PLANNING

**Contributions Received**

	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>3300.00</u>	\$ <u>3300.00</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>3300.00</u>	\$ <u>3300.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>3300.00</u>	\$ <u>3300.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3300.00</u>	\$ <u>3300.00</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3300.00</u>	\$ <u>3300.00</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>3300.00</u>	\$ <u>3300.00</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>3300.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>3300.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>

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).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>09/23/04</u> through <u>12/31/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1271067</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR COMMUNITY PLANNING

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)
9/23/04	MICHAEL TURNIPSEED 1001 17TH STREET, STE D BAKERSFIELD, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMP.	100.00	100.00	
10/26/04	THE RMK GROUP 9005 RED RIVER CT BAKERSFIELD, CA 93312	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	1500.00	
10/26/04	HARVEY L. HALL 1001 21ST STREET BAKERSFIELD, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMP	500.00	500.00	
10/26/04	GORDON LEE DOWNS 7500 CALLE NOBLEZA BAKERSFIELD CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMP	1000.00	1000.00	
10/29/04	BADGER ALMOND CO 5401 CALIFORNIA AVE # 301 BAKERSFIELD CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	

SUBTOTAL \$ 3300.00

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>3300.00</u>
2. Amount received this period - unitemized contributions of less than \$100	\$ <u>0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>3300.00</u>

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>09/23/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/04</u>	
Page <u>4</u> of <u>5</u>	I.D. NUMBER <u>1271067</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR COMMUNITY PLANNING

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CVP campaign paraphernalia/misc.                                  | <input type="checkbox"/> MBR member communications                     | <input type="checkbox"/> RAD radio airtime and production costs                        |
| <input type="checkbox"/> CNS campaign consultants  | <input type="checkbox"/> MTG meetings and appearances                  | <input type="checkbox"/> RFD returned contributions                                    |
| <input type="checkbox"/> CTB contribution (explain nonmonetary)*                           | <input type="checkbox"/> CFC office expenses                           | <input type="checkbox"/> SAL campaign workers' salaries                                |
| <input type="checkbox"/> CVC civic donations   | <input type="checkbox"/> PET petition circulating                      | <input type="checkbox"/> TEL t.v. or cable airtime and production costs                |
| <input type="checkbox"/> FIL candidate filing/ballot fees                                  | <input type="checkbox"/> PHO phone banks                               | <input type="checkbox"/> TRC candidate travel, lodging, and meals                      |
| <input type="checkbox"/> FND fundraising events  | <input type="checkbox"/> POL polling and survey research               | <input type="checkbox"/> TRS staff/spouse travel, lodging, and meals                   |
| <input type="checkbox"/> IND independent expenditure supporting/opposing others (explain)* | <input type="checkbox"/> POS postage, delivery and messenger services  | <input type="checkbox"/> TSF transfer between committees of the same candidate/sponsor |
| <input type="checkbox"/> LEG legal defense   | <input type="checkbox"/> PRO professional services (legal, accounting) | <input type="checkbox"/> VOT voter registration  |
| <input type="checkbox"/> LIT campaign literature and mailings                              | <input type="checkbox"/> PRT print ads                                 | <input type="checkbox"/> 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

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>3287.09</u>
2. Unitemized payments made this period of under \$100	\$ <u>12.91</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0.00</u>
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 \$ <u>3300.00</u></b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/04	
through	12/31/04	Page 5 of 8
NAME OF FILER		I.D. NUMBER
CITIZENS FOR COMMUNITY PLANNING		1271067

SEE INSTRUCTIONS ON REVERSE

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | VBR | member communications                     | RAO | 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                               | TFC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TAS | 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                              | PAT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER I.C. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JM PUBLICATIONS P.O. Box 43132 BAKERSFIELD CA 93384	IND		RECORDED PHONE MESSAGE SUPPORTING TERRY MAXWELL FOR CITY COUNCIL	204.90
JM PUBLICATIONS P.O. Box 43132 BAKERSFIELD, CA 93384	IND		RECORDED PHONE MESSAGE SUPPORTING JACQUIE SULLIVAN FOR CITY COUNCIL	229.90
JM PUBLICATIONS P.O. Box 43132 BAKERSFIELD, CA 93384	IND		RECORDED PHONE MESSAGE SUPPORTING ZACK SCRIBNER FOR CITY COUNCIL	182.55
STAN HARPER + ASSOC P.O. Box 265 BAKERSFIELD, CA 93302	IND		PRECINCT WALKERS	2669.74

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

SUBTOTAL \$ 3287.09