

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Date Stamp

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Statement covers period

from 09/25/2016

through 10/22/2016

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

11/08/2016

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

3. Committee Information

I.D. NUMBER

1388922

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

Don Gosney for WCCUSD Board 2016

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Richmond | CA | 94805 | (510)233-2060 |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

dongosney@comcast.net

Treasurer(s)

NAME OF TREASURER

Don Gosney

MAILING ADDRESS

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Richmond | CA | 94805 | (510)233-2060 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

dongosney@comcast.net

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 10/29/2016
Date

By Don Gosney
Signature of Treasurer or Assistant Treasurer

Executed on 10/29/2016
Date

By Don Gosney
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Don Gosney

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

Board of Education: West Contra Costa Unified School Distric

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|----------|-------|-------|
| | Richmond | CA | 94805 |

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? |
|-------------------|--|
| | <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? |
|-------------------|--|
| | <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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|
| | | |

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 Candidate/Officeholder 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="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| | | |

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

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page <u>3</u> of <u>8</u> |
| | | I.D. NUMBER 1388922 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Don Gosney for WCCUSD Board 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 21,000.00 | \$ 21,000.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 21,000.00 | \$ 21,000.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 21,000.00 | \$ 21,000.00 |

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 | \$ 649.37 | \$ 1,018.57 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 649.37 | \$ 1,018.57 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 649.37 | \$ 1,018.57 |

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 | \$ -369.20 |
| 13. Cash Receipts Column A, Line 3 above | 21,000.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 649.37 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 19,981.43 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |

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.

Cash Equivalents and Outstanding Debts

| | |
|---|---------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0.00 |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|----------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 4 of 8 |
| NAME OF FILER | | I.D. NUMBER |
| Don Gosney for WCCUSD Board 2016 | | 1388922 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/06/2016 | BMW of RichmondFPPC #951580 Richmond, CA 94808 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | G2016 \$1,000.00 |
| 10/06/2016 | IBEW Local 302FPPC #1300752 Martinez, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 4,000.00 | 4,000.00 | G2016 \$4,000.00 |
| 10/06/2016 | Laborers International Local 324FPPC #952148 Martinez, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | G2016 \$500.00 |
| 10/06/2016 | Plumbing Industry Consumer Protection Fund ~ UA Local 159FPPC #862085 Martinez, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 2,000.00 | G2016 \$2,000.00 |
| 10/06/2016 | Plumbing Industry Consumer Protection Fund ~ UA Local 159FPPC #862085 Martinez, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 2,000.00 | G2016 \$2,000.00 |

SUBTOTAL \$ 7,500.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 21,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 21,000.00

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460
Page 5 of 8
I.D. NUMBER
1388922

NAME OF FILER

Don Gosney for WCCUSD Board 2016

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/06/2016 | Sheetmetal Workers Local 104FPPC #850381 San Ramon, CA 94583 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 3,000.00 | 3,000.00 | G2016 \$3,000.00 |
| 10/06/2016 | Sprinkler fitters Local 483FPPC #1298012 Hayward, CA 94545 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | G2016 \$500.00 |
| 10/06/2016 | UA Local 342FPPC #890268 Concord, CA 94518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 | 10,000.00 | G2016 \$10,000.00 |
| 10/06/2016 | UA Local 342FPPC #890268 Concord, CA 94518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 | 10,000.00 | G2016 \$10,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 13,500.00 | | |

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page 6 of 8 |
| I.D. NUMBER | | 1388922 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Don Gosney for WCCUSD Board 2016

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 |
| 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 | 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 |
|---|------|----|-------------------------|-------------|
| Prime Copy and Printing Richmond, CA 94805 | LIT | | Printing | 219.27 |
| Amazon.com , 00000 | | | Camcorder Battery | 64.95 |
| Amazon.com , 00000 | | | Camcorder Charging Unit | 15.97 |

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

SUBTOTAL \$ 300.19

Schedule E Summary

| | | |
|--|-----------------|---------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 373.32 |
| 2. Unitemized payments made this period of under \$100 | \$ | 276.05 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 649.37 |

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

Amounts may be rounded
to whole dollars.

| | | |
|----------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2016 | |
| through | 10/22/2016 | Page <u>7</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Don Gosney for WCCUSD Board 2016 | | 1388922 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Don Gosney for WCCUSD Board 2016

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 |
| 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 | 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 |
|---|------|-------|------------------------|-------------|
| Staples El Cerrito El Cerrito, CA 94530 | OFC | Cards | | 73.13 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 73.13

**Additional Comments
For Form 460**

ADDITIONAL COMMENTS

CALIFORNIA FORM 460

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NAME OF FILER

Don Gosney for WCCUSD Board 2016

I.D. NUMBER

1388922

For some reason, NetFile will not include several transactions. This will require phone calls and emails and amended filings.