

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

Date Stamp

**CALIFORNIA
2001/02
FORM**

460

Page 1 of 7

For Official Use Only

Statement covers period

from 01/01/2005

through 06/30/2005

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

11/07/2005

1. Type of Recipient Committee:

- 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:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain Below)
- Quarterly Statement
- Special Odd-Year Campaign Report
- Supplemental Preelection Statement (Attach Form 495)

Corrects contributions received, payments made, and accrued expenses

3. Committee Information

I.D. NUMBER: 1276564

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

COMMITTEE TO SUPPORT OUR CITY COLLEGE

STREET ADDRESS (NO P.O. BOX)

150 POST STREET, SUITE 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>(415) 732-7700</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MR. TIM WOLFRED

MAILING ADDRESS

975 DUNCAN STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94131</u>	<u>(415) 541-9000</u>

NAME OF ASSISTANT TREASURER, IF ANY

MR. KEVIN HENEGHAN ESQ.

MAILING ADDRESS

150 POST STREET, SUITE 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108-</u>	<u>(415) 732-7700</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 _____
Date

By _____
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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

COMMUNITY COLLEGE DISTRICT GENERAL OBLIGAT

BALLOT NO. OR LETTER PRO	JURISDICTION SAN FRANCISCO	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> 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.
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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
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**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM	460
from	01/01/2005		
through	06/30/2005	Page 3 of 7	

NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE	I.D. NUMBER 1276564
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Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	<u>\$20,100.00</u>	<u>\$20,100.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	<u>\$20,100.00</u>	<u>\$20,100.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	<u>\$20,100.00</u>	<u>\$20,100.00</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.....	<u>\$0.00</u>	<u>\$0.00</u>
21. Expenditures Made.....	<u>\$0.00</u>	<u>\$0.00</u>

Expenditures Made	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Cash Payments..... <i>Schedule E, Line 4</i>	<u>\$250.00</u>	<u>\$250.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	<u>\$250.00</u>	<u>\$250.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>\$313.00</u>	<u>\$313.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	<u>\$563.00</u>	<u>\$563.00</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 <i>Previous Summary Page, Line 16</i>	<u>\$0.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>\$20,100.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>\$0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>\$250.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 +14, then subtract Line 15</i>	<u>\$19,850.00</u>

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 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).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	<u>\$0.00</u>
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Cash Equivalents and Outstanding Debt	
18. Cash Equivalents	<u>\$0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	<u>\$313.00</u>

*Amounts in this section may be different from amount reported in column B.

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2005	
through	06/30/2005	Page 4 of 7

NAME OF FILER	I.D. NUMBER
COMMITTEE TO SUPPORT OUR CITY COLLEGE	1276564

DATE RECEIVED	FULL NAME, MAILING 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)
04/19/2005	MR. PETER GOLDSTEIN ***** SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE CHANCELLOR CITY COLLEGE OF SAN FRANCISCO	\$100.00	\$100.00	\$0.00
04/22/2005	VANNARITH NGET ***** MOUNTAIN VIEW, CA 94043 Memo Reference ID Number: INC9	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER THE BEAN SCENE	\$20,000.00	\$20,000.00	\$0.00
SUBTOTAL \$				20,100.00		

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.).....	\$ 20,100.00
2. Amount received this period - unitemized monetary contributions of less than \$100.....	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 20,100.00

*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**

Statement covers period		CALIFORNIA FORM	460
from	<u>01/01/2005</u>		
through	<u>06/30/2005</u>	Page 5 of 7	

NAME OF FILER	I.D. NUMBER
COMMITTEE TO SUPPORT OUR CITY COLLEGE	1276564

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 monetary)*	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 ndependent 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
LAW OFFICES OF STEVE NGO ***** SAN FRANCISCO, CA 94109	PRO		LEGAL SERVICES	\$250.00

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

SUBTOTAL \$ 250.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 250.00
2. Unitemized payments made this period of under \$100.....	\$ 0.00
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 Summary Page, Column A, Line 6.)	TOTAL \$ 250.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2005	
through	06/30/2005	Page 6 of 7

NAME OF FILER	I.D. NUMBER
COMMITTEE TO SUPPORT OUR CITY COLLEGE	1276564

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 monetary)*	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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BAY AREA REPORTER ***** SAN FRANCISCO, CA 94103	PRT	\$0.00	\$233.00	\$0.00	\$233.00
ASIANWEEK ***** SAN FRANCISCO, CA 94108	PRT	\$0.00	\$80.00	\$0.00	\$80.00
SUBTOTALS \$		0.00	313.00	0.00	313.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS _____	\$ 313.00
2. Total accrued expenses paid this period. (include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS _____	\$ 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET _____	\$ 313.00 <small>(MAY BE A NEGATIVE NUMBER)</small>

Memo Schedule

Statement covers period		CALIFORNIA FORM 460
from	<u>01/01/2005</u>	
through	<u>06/30/2005</u>	Page 7 of 7
NAME OF FILER		I.D. NUMBER
COMMITTEE TO SUPPORT OUR CITY COLLEGE		1276564

<u>Memo Reference ID Number</u>	<u>Name</u>	<u>Schedule Reference</u>	<u>MEMO</u>
Memo Reference ID Number: INC9		A	CONTRIBUTION RETURNED 8/10/2005