

Recipient Committee Campaign Statement Cover Page

(Government Code Sections

This is supposed to be Ron Borucki 1/1/08 - 6/30/08 but when you click it on the website, this comes up and there is already a separate Drayman 1/1/08 to 6/30/08

Type or print in Ink.

CITY CLERK

2008 JUL 28 PM 3:07

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period 1/1/08 to 6/30/08

Date of election if applicable: N/A

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 1271992

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

STREET ADDRESS (NO P.O. BOX) MONTROSE CA 91020

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) ROBERT VOORHAINIA

MAILING ADDRESS MONTROSE CA 91020

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 7/27/08
 Executed on 7/27/08
 Executed on _____
 Executed on _____

By [Signature] Signature of Treasurer or Assistant Treasurer
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent