

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Statement covers period
from 7/1/2026
through 9/19/2026

Date of election if applicable:
(Month, Day, Year)
November, 3, 2026

Date Stamp
Received
SEP 21 2026
City of Sebastopol
Admin Services - Finance

CALIFORNIA FORM 460
Page 1 of 7
For Official Use Only

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

3. Committee Information

I.D. NUMBER
1495212

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

James Woodruff for Sebastopol City Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sebastopol CA 95472

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)

NAME OF TREASURER

Matthew Woodruff

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sebastopol CA 95472

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/20/2026
Date

Executed on 9/20/2026
Date

Executed on
Date

Executed on
Date

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

James Woodruff

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

Sebastopol City Council

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

Sebastopol CA 95472

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2026
through 9/19/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Woodruff for Sebastopol City Council 2026

I.D. NUMBER

1495212

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>2345.00</u>	\$ <u>2345.00</u>
2. Loans Received..... Schedule B, Line 3	<u>181.86</u>	<u>181.86</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>2526.86</u>	\$ <u>2526.86</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>2526.86</u>	\$ <u>2526.86</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

6. Payments Made..... Schedule E, Line 4	\$ <u>516.41</u>	\$ <u>516.41</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>516.41</u>	\$ <u>516.41</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>516.41</u>	\$ <u>516.41</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>2526.86</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>516.41</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2010.45</u>
If this is a termination statement, Line 16 must be zero.	

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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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>

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.

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2026</u> through <u>9/19/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Woodruff for Sebastopol City Council 2026

I.D. NUMBER

1495212

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)
8/24/2026	Richard Theis, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	500
8/24/2026	William Hastings, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Non-Profit Director, The Climate Center	100	100	100
8/24/2026	Steve Einstein, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	100
8/24/2026	Sunny Galbraith, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher, Twin Hills School District	100	100	100
9/26/2026	Gary Pace, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician, Alliance Medical Center	300	300	300
SUBTOTAL \$ 1100						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2050
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 295
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2345.00

*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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2026</u>	CALIFORNIA FORM 460
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NAME OF FILER

James Woodruff for Sebastopol City Council 2026

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)
9/4/2026	Matthew Woodruff, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Web Design Manager, O'Reilly Media, Inc.	100	100	100
9/13/2026	Larry Robinson, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	500
9/15/2026	John Blue, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	250
9/19/2026	Karen Einstein, [REDACTED] Sebastopol, CA, 95472	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community College Instructor, Santa Rosa Junior College	100	100	100
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 950						

*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 B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>7/1/2026</u> through <u>9/19/2026</u>	CALIFORNIA FORM 460
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James Woodruff for Sebastopol City Council 2026

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James Woodruff, [REDACTED] Sebastopol, CA, 95472	Welder, Malm Fireplaces		\$ 100	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 100 DATE DUE	0 % RATE \$ 0	\$ 100 8/21/26 DATE INCURRED	CALENDAR YEAR \$ 181.86 PER ELECTION** \$ 181.86
† ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
James Woodruff, [REDACTED] Sebastopol, CA, 95472	Welder, Malm Fireplaces		\$ 36.60	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 36.60 DATE DUE	0 % RATE \$ 0	\$ 36.60 8/22/26 DATE INCURRED	CALENDAR YEAR \$ 181.86 PER ELECTION** \$ 181.86
† ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
James Woodruff, [REDACTED] Sebastopol, CA, 95472	Welder, Malm Fireplaces		\$ 45.26	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 45.26 DATE DUE	0 % RATE \$ 0	\$ 45.26 8/29/26 DATE INCURRED	CALENDAR YEAR \$ 181.86 PER ELECTION** \$ 181.86
† ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
SUBTOTALS		\$ 181.86	\$ 0	\$ 181.86	\$ 0			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 181.86
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 181.86
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/2026</u> through <u>9/19/2026</u>	CALIFORNIA FORM 460
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James Woodruff for Sebastopol City Council 2026

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
AIM Mail Center [REDACTED] Sebastopol, CA, 95472	LIT	Color Copies	119.40

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

SUBTOTAL \$ 119.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 119.40
2. Unitemized payments made this period of under \$100	\$ 397.01
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 \$ 516.41