

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2004	
through	09/30/2004	Page 22 of 39
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY-YES ON A		1251810

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/09/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
08/16/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
08/23/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
08/30/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	

SUBTOTAL \$ 880.00

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$	7,267.51
2. Amount received this period – unitemized nonmonetary contributions of less than \$100.....	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$	7,267.51

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

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SCHEDULE C

Statement covers period from <u>07/01/2004</u> through <u>09/30/2004</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>39</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY-YES ON A

I.D. NUMBER
1251810

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/13/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
09/20/2004	AEG & AFFILIATED ENTITIES LOS ANGELES, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
09/27/2004	AEG & AFFILIATED ENTITIES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MEETING	220.00	201,540.00	
07/09/2004	LEE BACA ATTORNEY'S FEES FUND (#990305)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LEGAL/CAMPAIGN REPORTING	2,236.03	32,522.16	

SUBTOTAL \$ 2,896.03

Attach additional information on appropriately labeled continuation sheets.

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1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$	<u>7,267.51</u>
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3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$	<u>7,267.51</u>

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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	Page <u>24</u> of <u>39</u>
I.D. NUMBER 1251810	

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NAME OF FILER

COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY-YES ON A

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/2004	LEE BACA ATTORNEY'S FEES FUND (#990305)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LEGAL/REPORTING FEES	3,491.48	32,522.16	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

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SUBTOTAL \$ 3,491.48

Schedule C Summary

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3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$	<u>7,267.51</u>

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