

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	4 / 7
	I.D. NUMBER 1222010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Assessor Rick Auerbach's Officeholder Account

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard USA ID:	OFC			125.00
Bill Scott & Associates, Inc. ID:	LIT			614.16
American Express ID:			Credit Card Payment	258.61

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	997.77
2. Unitemized payments made this period of under \$100.	\$	108.82
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 \$	1106.59

Schedule E Payments Made

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SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	5 / 7
	I.D. NUMBER 1222010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Assessor Rick Auerbach's Officeholder Account

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Grand Florist ID:	OFC		info[106.07]

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

SUBTOTAL \$ 997.77

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____**