

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

RECEIVED BY
LOS ANGELES COUNTY
2013 AUG -5 PM 3:17
8/2/13
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA
FORM 460
Page 1 of 1
For Official Use Only
610533

0012-2

Statement covers period
from 10/01/2012
through 10/20/2012

Date of Election if applicable
11/06/2012
(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

To amend Summary Page and Sch. A
To Add Treasurers Original Signature.

3. Committee Information

I.D. Number 1350444

Treasurer(s)

COMMITTEE NAME
No on Government Waste, No on Measure B, major funding by Manwin USA

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER
Diane Duke

STREET ADDRESS

STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 7/31/13 By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

HP

**Recipient Committee
Campaign Statement
Cover Page**

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2013 AUG -2 PM 3:11
8/12/13
CAMPAIGN FINANCE
DISCLOSURE SECTION

COVER PAGE
CALIFORNIA
FORM 460
Page 1 of 11
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6012-2

Statement covers period
from 10/01/2012
through 10/20/2012

Date of Election if applicable
11/06/2012
(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
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- Pre-election Statement
- Semi-Annual Statement
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- Supplemental Pre-election Statement - Attach Form 495

To amend Summary Page and Sch. A

3. Committee Information

I.D. Number 1350444

COMMITTEE NAME

No on Government Waste, No on Measure B, major funding by Manwin USA

Prop B

Treasurer(s)

NAME OF TREASURER
Diane Duke

STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE

STREET ADDRESS

OPTIONAL: FAX / E-MAIL 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 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 7/31/13

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

HP

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

Statement covers period
 from 10/01/2012
 through 10/20/2012

Page 2 of 11

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

NAME OF TREASURER CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE 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 STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 Measure B

BALLOT NO. OR LETTER B	JURISDICTION County of Los Angeles	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	10/01/2012	
through	10/20/2012	Page 3 of 11

NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA

I.D. NUMBER
1350444

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 195,200.00	\$ 306,575.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 195,200.00	\$ 306,575.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	7,460.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 195,200.00	\$ 314,035.00

**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	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 109,438.04	\$ 217,363.88
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 109,438.04	\$ 217,363.88
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-22,554.85	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	7,460.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 86,883.19	\$ 224,823.88

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 3,449.16
13. Cash Receipts Column A, Line 3 above	195,200.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	109,438.04
16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15	\$ 89,211.12
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

SCHEDULE A

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page 4 of 11

NAME OF FILER <u>No on Government Waste, No on Measure B, major funding by Manwin USA</u>	I.D. NUMBER <u>1350444</u>
---	-------------------------------

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2012	Peter Acworth	IND	CEO Kink.com	5,000.00	5,000.00	
10/16/2012	Manwin USA Inc.	OTH		150,000.00	150,000.00	
10/08/2012	Stagliano John Inc. dba E.A. Productions	OTH		10,000.00	11,440.00	
10/19/2012	Tovia LLC	OTH		11,000.00	11,000.00	
10/19/2012	Karen Tynan	IND	Attorney Karen Tynan	5,000.00	5,000.00	

SUBTOTAL \$ 181,000.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 193,500.00
2. Amount received this period - unitemized	\$ 1,700.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 195,200.00

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

FPPC Form 460(Jan/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 5 of 11
NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA		I.D. NUMBER 1350444

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2012	Vivid Entertainment LLC	OTH		12,500.00	22,500.00	

SUBTOTAL \$ 12,500.00

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

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 6 of 11
NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA		I.D. NUMBER 1350444

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anna Aroutiounian	CNS		3,000.00
Burnside & Associates	OFC		437.85
Burnside & Associates	OFC		285.19
SUBTOTAL \$			3,723.04

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 109,438.04
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 109,438.04

Schedule E (Continuation Sheet)
 Payments Made

SCHEDULE E

Statement covers period from 10/01/2012 through 10/20/2012	CALIFORNIA FORM 460
Page 7 of 11	I.D. NUMBER 1350444

NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA

CODES: If one of the following 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 production costs |
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| 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coalition for Senior Citizen Security	LIT		5,017.00
Coalition for Senior Citizen Security	LIT		5,017.00
Council of Concerned Woman Voters	LIT		4,541.00
Council of Concerned Woman Voters	LIT		4,542.00
Froytal Services LTD	RFD		75,000.00

SUBTOTAL \$ 94,117.00

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period from 10/01/2012 through 10/20/2012	CALIFORNIA FORM 460
Page 8 of 11	I.D. NUMBER 1350444

NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
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| 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Ryan Low	FND		598.00
The Lee Strategy Group Inc.	CNS		2,000.00
The Lee Strategy Group Inc.	CNS		9,000.00

SUBTOTAL \$ 11,598.00

Schedule F
Accrued Expenses (Unpaid Bills)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 9 of 11
NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA		I.D. NUMBER 1350444

CODES: If one of the following 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 production costs |
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| 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	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anna Aroutiounian	See Schedule E for codes or descriptions.	3,000.00	0.00	3,000.00	0.00
Burnside & Associates	See Schedule E for codes or descriptions.	437.85	0.00	437.85	0.00
SUBTOTALS \$		3,437.85 \$	0.00 \$	3,437.85 \$	0.00

Schedule F Summary

- 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 \$** 0.00
- 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 \$** 22,554.85
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** -22,554.85

Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Statement covers period
from 10/01/2012
through 10/20/2012
CALIFORNIA FORM 460
Page 10 of 11

NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA
I.D. NUMBER 1350444

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)
CVC civic donations
FIL candidate filing / ballot fees
FND fundraising expenses
IND independent expenditures supporting/opposing others
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable production costs
TRC candidate travel, lodging and meals
TRS staff/spouse travel, lodging and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet,e-mail)

Table with 6 columns: NAME AND ADDRESS OF CREDITOR, CODE OR DESCRIPTION OF PAYMENT, (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD, (b) AMOUNT INCURRED THIS PERIOD, (c) AMOUNT PAID THIS PERIOD, (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD. Rows include Coalition for Senior Citizen Security and Council of Concerned Woman Voters.

SUBTOTALS \$ 19,117.00 \$ 0.00 \$ 19,117.00 \$ 0.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 11 of 11

NAME OF FILER No on Government Waste, No on Measure B, major funding by Manwin USA	I.D. NUMBER 1350444
NAME OF AGENT OR INDEPENDENT CONTRACTOR Ryan Low	

CODES: If one of the following 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 |
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| CTB contribution (explain nonmonetary) | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable production costs |
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| IND independent expenditures supporting/opposing others | 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) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Hamburger Marv's	FND		500.00

TOTAL \$ 500.00