## Schedule C
### Nonmonetary Contributions Received

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

SCHEDULE C

**Statement covers period**

from ___01/01/2005___

through ___06/30/2005___

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEE BACA ATTORNEY'S FEES FUND

I.D. NUMBER
990305

| 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) |
|---|---|---|---|---|---|---|---|
| 05/20/2005 | WESTIN BONAVENTURE HOTEL | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | FUNDRAISING EVENT | 1,000.00 | 1,000.00 | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $** 1,000.00

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ............................................................................................... $ ___1,000.00___

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 $** ___1,000.00___

*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