Schedule G

Type or print in ink.

	SCHEDULE			
Statement covers period from ////06	CALIFORNIA 460			
through 3/17/06	22 / 22			

Payments Made by an Agent or Independe Contractor (on Behalf of This Committee)	nt	Amounts may be rounded to whole dollars.		from	from		FORM 460	
SEE INSTRUCTIONS ON REVERSE				through	3/17/06	. 22	/ 22	
NAME OF FILER						I.D. NUMBE	R	
Friends of Don Meredith						1279717		
NAME OF AGENT OR INDEPENDENT CONTRACTOR						1210/11		
Sheila McNichols								
CODES: If one of the following codes accurately describe	es the payment, vo	ou may ente	er the code. Other	rwise, descri	oe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be s	MBR member of meetings OFC office exp. PET petition cir PHO phone bar POL polling and POS postage, of PRO profession PRT print ads	communication and appearan enses rculating nks d survey rese delivery and m nal services (le	ns ices arch nessenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and produ returned contributions campaign workers' sala t.v. or cable airtime and candidate travel, lodgin staff/spouse travel, lodgin staff/spouse travel, lodgin transfer between community voter registration information technology	ries I production cos g, and meals ging, and meals ittees of the sa	s ame candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DI	ESCRIPTION OF I	PAYMENT		AMOUNT PAID	
Center for Elder Care, Inc.	ID:	LIT					800.00	
	ID:							
	ID:							
	ID:							

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

800.00

ID: