

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	3/18/06	
through	5/20/06	15 / 20
NAME OF FILER		I.D. NUMBER
Friends of Don Meredith		1279717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

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
Lee Avila ID:	CNS		500.00
Lee Avila ID:		reimbursement	625.71
Richard Hernandez ID:		Refund: overage of maximum contribution	230.00

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

SUBTOTAL \$ 1355.71

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 28381.47
2. Unitemized payments made this period of under \$100.	\$ 69.35
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 \$ 28450.82

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Statement covers period from <u>3/18/06</u>	CALIFORNIA FORM 460
through <u>5/20/06</u>	
16 / 20	
I.D. NUMBER 1279717	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

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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
Sheila McNichols ID:		reimbursement: misc receipts	3850.41
Sheila McNichols ID:	FND		1279.90
Sheila McNichols ID:		reimbursement	826.16

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

SUBTOTAL \$ 5956.47

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 \$ _____**

**Schedule E
Payments Made**

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to whole dollars.

Statement covers period
from 3/18/06
through 5/30/06

SCHEDULE E

CALIFORNIA FORM 460

17 / 20

I.D. NUMBER
1279717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

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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
Sheila McNichols ID:			reimbursement: Misc receipts	2202.90
Sheila McNichols ID:	FND			1155.00
Asian American Voter Guide ID: 1282374	LIT			6337.05

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SUBTOTAL \$ 9694.95

Schedule E Summary

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- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

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from	<u>3/18/06</u>	
through	<u>5/20/06</u>	18 / 20
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Friends of Don Meredith		1279717

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NAME OF FILER

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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
Californians for Quality Healthcare ID: 1279717			6800.00
Colby Poster Printing Company ID:		Signs	1146.37
Greene & Associates ID:	PRO		300.00

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

SUBTOTAL \$ 8246.37

Schedule E Summary

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- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____**

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NAME OF FILER Friends of Don Meredith		I.D. NUMBER 1279717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Don Meredith

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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
Official Non-Partisan Voter Guide ID: 1277947	LIT			2000.00
Ran Graphics ID:	LIT			487.13
Ran Graphics ID:	LIT			640.84

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SUBTOTAL \$ 3127.97

Schedule E Summary

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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 \$** _____