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

Statement covers period	CALIFORNIA A CO
from 3/18/06	FORM 460
through 5/20/06	15 / 20
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Don Meredith 1279717 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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 campaign literature and mailings WEB information technology costs (internet, email) PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR **AMOUNT PAID** CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 500.00 CNS Lee Avila ID: 625.71 reimbursement ID: Lee Avila 230.00 Refund: overage of maximum contribution Richard Hernandez ID: SUBTOTAL \$ 1355.71 Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 28381.47 69.35**\$** ___ 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).)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

28450.82

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

	001120022			
Statement covers period	CALIFORNIA 460			
from 3/18/06	FORM 400			
through 5/20/06	16 / 20			
	I.D. NUMBER			

SCHEDUI E E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Don Meredith 1279717 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 rneetings and appearances RFD returned contributions OFC office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations 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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research 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 WEB information technology costs (internet, email) LIT campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR **DESCRIPTION OF PAYMENT AMOUNT PAID** CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 3850.41 reimbursement: misc receipts Sheila McNichols ID: 1279.90 **FND** Sheila McNichols ID: 826.16 reimbursement Sheila McNichols ID: SUBTOTAL \$ 5956.47 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 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.)

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

	SCHEDULE I
Statement covers period	CALIFORNIA 4 CO
from 3/18/06	FORM 460
through 5/30/06	17 / 20
	I.D. NUMBER
	I.D. NUMBER

		Wilolo dollars.	from		
SEE INSTRUCTIONS ON REVERSE			through 5/20/06	17 / 20	
NAME OF FILER				I.D. NUMBER	
Friends of Don Meredith			· · ·	1279717	
CODES: If one of the following codes accurately describes	the payment, you r	may enter the code. Otherwi	se, describe 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	paign consultants Inbution (explain nonmonetary)* Idoate filing/ballot fees Iranising events Indefense MTG Indetering and appearant OFC Indetering office expenses Indetering petition circulating Indetering petition circulation circulation Indetering pet		ppearances RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and me rey research TRS staff/spouse travel, lodging, and me ry and messenger services TSF transfer between committees of t		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID	
Sheila McNichols	ID:	reimbursement: M	lisc receipts	2202.90	
Sheila McNichols	ID:	FND	·	1155.00	
Asian American Voter Guide	ID: 1282374	LIT	·	6337.05	
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.	SUI	BTOTAL \$ 9694.95	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all					
2. Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pa	rt 1, Column (e).)		\$	
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and or	the Summary Page, Colum	n A, Line 6.) TO	TAL \$	

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

Statement covers period	CALIFORNIA 160
from 3/18/06	FORM 40U
through 5/20/06	18 / 20
	I.D. NUMBER

SCHEDI II E E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Don Meredith 1279717

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 petition circulating TEL t.v. or cable airtime and production costs 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense LEG PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 6800.00 Californians for Quality Healthcare ID: 1279717 1146.37 Signs Colby Poster Printing Company ID: PRO 300.00 Greene & Associates ID: SUBTOTAL \$ 8246,37 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 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).)

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

Statement covers period	CALIFORNIA 460
from 3/18/06	FÓRM 400
through 5/20/06	19 / 20
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through5	20/06	19 / 20	
NAME OF FILER		 		ــــــــــــــــــــــــــــــــــــــ		I.D. NUMBER	
Friends of Don Meredith							
					·	1279717	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating		de. Otherwise	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone bank				TRC candidate travel, lodging, and meals		
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		TSF transfer VOT voter reg	VOT voter registration			
NAME AND ADDRESS OF PAYEE OR CREDITOR (# COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMEN	т	AMOUNT PAID	
Official Non-Partisan Voter Guide	ID: 1277947	LIT				2000.00	
Ran Granhics	ID:	LIT				487.13	
Ran Graphics	ID:	LIT				640.84	
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.			SUB	TOTAL \$ 3127.97	
Schedule E Summary		- 					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	otals.)				\$	
Unitemized payments made this period of under \$100.						\$	
Total interest paid this period on loans. (Enter amount fr						\$	