

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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CALIFORNIA FORM **460**
Page 1 of 8
For Official Use Only
CAMPAIGN FINANCE
1/30/15 PDF

Statement covers period
from 10/19/2014
through 12/31/2014

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1372337

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association for Los Angeles Deputy Sheriffs State Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Don Jeffrey Steck

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 and in the attached schedules 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 1/30/15
Date

By _____

Executed on 1/30/15
Date

By _____

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

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

Type or print in ink.

COVER PAGE - PART 2

| | |
|-----------------------------------|------------|
| CALIFORNIA FORM | 460 |
| Page <u> 2 </u> of <u> 8 </u> | |

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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | |

| | | | | |
|-------------------|------------------------------|---|-----------------|--|
| COMMITTEE NAME | | I.D. NUMBER | | |
| NAME OF TREASURER | | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | |

6. Primarily Formed Ballot Measure Committee

| | | |
|--|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, 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 Sheila Kuehl | OFFICE SOUGHT OR HELD County Supervisor | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| 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 |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| | I.D. NUMBER 1372337 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Contributions Received | | |
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>122,248.90</u> | \$ <u>122,248.90</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>122,248.90</u> | \$ <u>122,248.90</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>122,248.90</u> | \$ <u>122,248.90</u> |

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Expenditures Made | | |
| 6. Payments Made Schedule E, Line 4 | \$ <u>122,248.90</u> | \$ <u>122,248.90</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>122,248.90</u> | \$ <u>122,248.90</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>-120,500.26</u> | <u>1,748.64</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>1,748.64</u> | \$ <u>123,997.54</u> |

**Expenditure Limit Summary for State
Candidates**

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

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| / / | \$ _____ |
| / / | \$ _____ |

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) |
|---|--|
| Current Cash Statement | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>0.00</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>122,248.90</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments Column A, Line 8 above | <u>122,248.90</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0.00</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

| | |
|---|--------------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0.00</u> |
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>1,748.64</u> |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association | I.D. NUMBER 1372337 |
|---|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/22/2014 | Association for Los Angeles Deputy Sheriffs State PAC (ID# 1359227) | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 122,248.90 | 124,222.68 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 122,248.90 | | |

Schedule A Summary

| | | |
|---|-----------------|------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | 122,248.90 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | 0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 122,248.90 |

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1372337

First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 11/12/2014 | Association for Los Angeles Deputy Sheriffs State PAC (ID# 1359227) | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Legal fees paid by sponsor | 1,972.00 Memo | 124,222.68 | |
| 11/12/2014 | Association for Los Angeles Deputy Sheriffs State PAC (ID# 1359227) | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Legal fees paid by sponsor | 1.78 Memo | 124,222.68 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 0.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

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

| | | | |
|-------------------------|------------|-------------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 10/19/2014 | Page | 6 of 8 |
| through | 12/31/2014 | I.D. NUMBER | 1372337 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association

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, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--------------------------|-------------|
| Phil Giarrizzo Campaigns | IND | | LIT/Sheila Kuehl/Support | 24,375.90 |
| Phil Giarrizzo Campaigns | IND | | POS/Sheila Kuehl/Support | 97,873.90 |
| | | | | |

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

SUBTOTAL \$ 122,248.90

Schedule E Summary

| | |
|--|----------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 122,248.90 |
| 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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 122,248.90 |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|--|----------------------------|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association | I.D. NUMBER 1372337 |
|---|------------------------|

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, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Phil Giarrizzo Campaigns | IND LIT/Sheila Kuehl/Support | 24,375.00 | 0.00 | 24,375.00 | 0.00 |
| Phil Giarrizzo Campaigns | IND POS/Sheila Kuehl/Support | 97,873.90 | 0.00 | 97,873.90 | 0.00 |
| Kaufman Legal Group | PRO | 0.00 | 1,498.00 | 0.00 | 1,498.00 |

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

| | | | | |
|---------------------|--------------|------------|--------------|----------|
| SUBTOTALS \$ | 122,248.90\$ | 1,498.00\$ | 122,248.90\$ | 1,498.00 |
|---------------------|--------------|------------|--------------|----------|

Schedule F Summary

1. 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 \$** 1,748.64

2. 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 \$** 122,248.90

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -120,500.26
May be a negative number

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

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

SCHEDULE F (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |
| NAME OF FILER First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association | |
| I.D. NUMBER 1372337 | |

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 | FET 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, e-mail) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group | OFC | 0.00 | 95.81 | 0.00 | 95.81 |
| Kaufman Legal Group | OFC | 0.00 | 89.96 | 0.00 | 89.96 |
| Kaufman Legal Group | PRO | 0.00 | 44.00 | 0.00 | 44.00 |
| Kaufman Legal Group | OFC | 0.00 | 20.87 | 0.00 | 20.87 |
| SUBTOTALS \$ | | 0.00 \$ | 250.64 \$ | 0.00 \$ | 250.64 |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)