

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

|   |   |
|---|---|
| RECEIVED BY<br>LOS ANGELES COUNTY<br>2015 JUL 31 PM 3: 03<br>CAMPAIGN FINANCE | CALIFORNIA<br>2001/02<br>FORM<br><b>460</b> |
|   | 1 / 13<br>For Official Use Only             |

Statement covers period  
from 01/01/2015  
through 06/30/2015

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.**

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br>(Also Complete Part 5.)          | <input type="checkbox"/> Ballot Measure Committee<br><input type="radio"/> Primary Formed<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br>(Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7.)  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
1363259

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of McDonnell for Sheriff 2014

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  
Alan Skobin

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 \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Type or print in ink.

COVER PAGE - PART 2

|                                |
|--------------------------------|
| <b>CALIFORNIA<br/>FORM 460</b> |
| 2 / 13                         |

**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 to make expenditures on behalf of your candidacy.

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

**6. 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 Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

|  |  |  |
|--|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Jim McDonnell | OFFICE SOUGHT OR HELD<br>Sought:<br>Other<br>Sheriff | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE                  | OFFICE SOUGHT OR HELD                                | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE            |
| NAME OF OFFICEHOLDER OR CANDIDATE                  | OFFICE SOUGHT OR HELD                                | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE            |
| NAME OF OFFICEHOLDER OR CANDIDATE                  | OFFICE SOUGHT OR HELD                                | <input type="checkbox"/> SUPPORT<br><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<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 3 / 13                         |
|  | I.D. NUMBER<br>1363259         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of McDonnell for Sheriff 2014

**Contributions Received**

|                                      |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....      | Schedule A, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 0.00  | \$ 0.00                                    |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 0.00   | \$ 0.00                                    |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                           |                  |             |
|---------------------------|------------------|-------------|
|                           | 1/1 through 6/30 | 7/1 to Date |
| 20. Contribution Received | \$ _____         | \$ _____    |
| 21. Expenditures Made     | \$ _____         | \$ _____    |

**Expenditures Made**

|  |                      |            |            |
|--|----------------------|------------|------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 3427.67 | \$ 3427.67 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00       | 0.00       |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 3427.67 | \$ 3427.67 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 934.97     | 2693.66    |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00       | 0.00       |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 4362.64 | \$ 6121.33 |

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

|   |   |             |
|---|---|-------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ 10224.84 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 0.00        |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00        |
| Cash Payments .....                       | Column A, Line 8 above                        | 3427.67     |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6797.17  |

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).

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |
|-----------------------------------|--------------------|---------|

**Cash Equivalents and Outstanding Debts**

|                             |                                       |            |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ 0.00    |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ 2693.66 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 4 / 13                         |
|  | I.D. NUMBER<br><br>1363259     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of McDonnell for Sheriff 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                 |                |
|--|-----------------|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$              | <u>3324.32</u> |
| 2. Unitemized payments made this period of under \$100.  | \$              | <u>103.35</u>  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | <u>0.00</u>    |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <u>3427.67</u> |

# Schedule E Payments Made

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

|                                       |               |                                |
|---------------------------------------|---------------|--------------------------------|
| Statement covers period               |               | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____                            | through _____ |                                |
|                                       |               | 5 / 13                         |
| NAME OF FILER                         |               | I.D. NUMBER                    |
| Friends of McDonnell for Sheriff 2014 |               | 1363259                        |

SEE INSTRUCTIONS ON REVERSE

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC     |                        | 2.63        |
| First Bank Merchant Services ID:  | OFC     |                        | 20.45       |

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

**SUBTOTAL \$**

## Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- 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 \$** \_\_\_\_\_

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 6 / 13                         |
|  | I.D. NUMBER<br><br>1363259     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of McDonnell for Sheriff 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| First Bank Merchant Services ID:  | OFC     |                        | 62.73       |
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC     |                        | 19.95       |

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

**SUBTOTAL \$**

**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**

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

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 7 / 13                         |
|  | I.D. NUMBER<br>1363259         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of McDonnell for Sheriff 2014

**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                                |
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| 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                   |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| First Bank Merchant Services ID:  | OFC  |    |                        | 75.00       |
| First Bank Merchant Services ID:  | OFC  |    |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC  |    |                        | 19.95       |

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

**SUBTOTAL \$**

**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**

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

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 8 / 13                                |                                |
| I.D. NUMBER<br>1363259                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of McDonnell for Sheriff 2014

**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                                |
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| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| First Bank Merchant Services ID:  | OFC  |    |                        | 19.95       |
| First Bank Merchant Services ID:  | OFC  |    |                        | 19.95       |
| Kaufman Legal Group ID:   | PRO  |    |                        | 209.47      |

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
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3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
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**Schedule E  
Payments Made**

Type or print in ink.  
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to whole dollars.

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 9 / 13                                |                                |
| I.D. NUMBER<br>1363259                |                                |

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NAME OF FILER

Friends of McDonnell for Sheriff 2014

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kaufman Legal Group ID:   | PRO  |    |                        | 399.00      |
| Kaufman Legal Group ID:   | OFC  |    |                        | 37.20       |
| Kaufman Legal Group ID:   | OFC  |    |                        | 3.99        |

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

**SUBTOTAL \$**

**Schedule E Summary**

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**Schedule E  
Payments Made**

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

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 10 / 13                               |                                |
| I.D. NUMBER<br>1363259                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of McDonnell for Sheriff 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|---|---|---|
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Kaufman Legal Group ID:   | PRO     |                        | 37.50       |
| Kaufman Legal Group ID:   | PRO     |                        | 1826.85     |
| NGP VAN, Inc. ID:   | OFC     |                        | 450.00      |

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

**SUBTOTAL \$ 3324.32**

**Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- 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 \$** \_\_\_\_\_

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

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

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 11 / 13                               |                                |
| I.D. NUMBER<br>1363259                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of McDonnell for Sheriff 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT             | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--|---|---------------------------------------|---|--|
| Avalon Bay News ID:   | IND<br>Print Ad, Jim McDonnell,<br>Support | 320.00  | 0.00                                  | 0.00  | 320.00   |
| Gateway Guardian ID:  | IND<br>Print Ad, Jim McDonnell,<br>Support | 300.00  | 0.00                                  | 0.00  | 300.00   |
| Kaufman Legal Group ID:   | PRO  | 399.00  | 0.00                                  | 399.00  | 0.00   |

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

**SUBTOTALS \$ \$ \$ \$**

**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.)                     | <b>INCURRED TOTALS \$</b> | <u>1412.66</u>  |
| 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.) | <b>PAID TOTALS \$</b>     | <u>477.69</u>   |
| 3. Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | <u>934.97</u><br><small>May be a negative number.</small> |

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

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

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 12 / 13                               |                                |
| I.D. NUMBER<br>1363259                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of McDonnell for Sheriff 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group ID:   | OFC                               | 37.20   | 0.00                                  | 37.20   | 0.00   |
| Kaufman Legal Group ID:   | OFC                               | 3.99  | 0.00                                  | 3.99  | 0.00   |
| Kaufman Legal Group ID:   | PRO                               | 37.50   | 0.00                                  | 37.50   | 0.00   |

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

**SUBTOTALS \$ \$ \$ \$**

**Schedule F Summary**

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

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

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

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 13 / 13                               |                                |
| I.D. NUMBER<br>1363259                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of McDonnell for Sheriff 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT          | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--|---|---------------------------------------|---|--|
| Kaufman Legal Group<br>ID:  | PRO  | 0.00  | 1412.66                               | 0.00  | 1412.66  |
| PV Peninsula News<br>ID:  | IND<br>Print Ad, Jim McDonnell,<br>Support | 661.00  | 0.00                                  | 0.00  | 661.00   |

|  |                     |                   |                   |                  |                |
|--|---------------------|-------------------|-------------------|------------------|----------------|
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | <b>SUBTOTALS \$</b> | <b>1758.69 \$</b> | <b>1412.66 \$</b> | <b>477.69 \$</b> | <b>2693.66</b> |
|--|---------------------|-------------------|-------------------|------------------|----------------|

**Schedule F Summary**

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