

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

**RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE**

**CALIFORNIA 460
FORM**

Statement covers period from <u>07/21/2011</u>	Date of election if applicable: (Month, Day, Year) <u>11 AUG -1 P2:10</u>
through <u>07/31/2011</u>	Page <u>1</u> of <u>13</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

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

- Protection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 470 Termination)
 Amendment (Explain below)

3. Committee Information

1-2 NUMBER
111116

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Voice for Lake Forest City Council 2010

Voice for Lake Forest City Council 2010

Treasurer(s)

NAME OF TREASURER

N.R. - John P. Jilgatt

MAILING ADDRESS

Quarterly Statement
 Special One-Year Report
 Supplementary Preliminary Statement - Attach Form 455

Protection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 470 Termination)

Amendment (Explain below)

CITY

Quarterly Statement
 Special One-Year Report
 Supplementary Preliminary Statement - Attach Form 455

Protection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 470 Termination)

Amendment (Explain below)

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 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

Executed on 07/31/2011 _____
By John P. Jilgatt
Signature of Candidate/Official Holder, Candidate/Official Holder, Corporation Officer or Director

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mr. Strait, Wright	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council; Member	RESIDENTIAL ADDRESS (NO AND STREET) CITY STATE ZIP 97610
COMMITTEE NAME		
ID NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STREET ADDRESS (NO PO BOX) CITY STATE ZIP CODE AREA CODE/PHONE

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

NAME OF TREASURER COMMITTEE ADDRESS CITY	STREET ADDRESS (NO PO BOX) CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS CITY	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
ID NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STREET ADDRESS (NO PO BOX) CITY STATE ZIP CODE AREA CODE/PHONE					

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE	
CALIFORNIA FORM 460	
Statement covers period from _____ to _____	Page 1 of 13
through _____ C.C.10/27/21	10. NUMBER 1232261

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
VOTER FOR LAKE FOREST CITY COUNCIL 2 2019

Contributions Received

Column A
TOTAL THIS PERIOD
FROM PREVIOUS SCHEDULES

1. Monetary Contributions
2. Loans Received
3. SUBTOTAL CASH CONTRIBUTIONS
4. Nonmonetary Contributions
5. TOTAL CONTRIBUTIONS RECEIVED

Column B
CALENDAR-YEAR
TOTAL TO DATE

Schedule A Line 3	\$ 4,949.00	\$ 4,949.00
Schedule B Line 3	\$ 0.00	\$ 0.00
Add Lines 1 + 2	\$ 4,949.00	\$ 4,949.00
Schedule C Line 3	\$ 0.00	\$ 0.00
Add Lines 3 + 4	\$ 4,949.00	\$ 4,949.00

Expenditures Made

6. Payments Made
7. Loans Made
8. SUBTOTAL CASH PAYMENTS
9. Accrued Expenses (Unpaid Bills)
10. Nonmonetary Adjustment
11. TOTAL EXPENDITURES MADE

Column B
CALENDAR-YEAR
TOTAL TO DATE

Schedule E Line 4	\$ 5,410.66	\$ 5,410.66
Schedule H Line 2	\$ 0.00	\$ 0.00
Add Lines 6 + 7	\$ 5,410.66	\$ 5,410.66
Schedule F Line 2	\$ 1,116.02	\$ 1,116.02
Schedule C Line 2	\$ 0.00	\$ 0.00
Add Lines 8 + 9 + 10	\$ 6,546.66	\$ 6,546.66

Current Cash Statement

12. Beginning Cash Balance
 13. Cash Receipts
 14. Miscellaneous Increases to Cash
 15. Cash Payments
 16. ENDING CASH BALANCE
- If this is a *terminal statement*, Line 16 must be zero.

Column B
CALENDAR-YEAR
TOTAL TO DATE

Previous Summary Page Line 16	\$ 1,892.96	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).
Column A Line 3 above	\$ 0.00	
Schedule I Line 4	\$ 0.00	
Column A Line 8 above	\$ 5,410.66	
Add Lines 16 + 17	\$ 5,410.66	

17. LOAN GUARANTEES RECEIVED
18. Cash Equivalents
19. Outstanding Debts

Column B
CALENDAR-YEAR
TOTAL TO DATE

Schedule B Part 2	\$ 0.00	
Add Line 2 + Line 9 in Column B above	\$ 0.00	

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Name of Filer
Vivian Fox Lowe Forest City Council 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(If name is the same as contributor, enter name)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(If self-employed, enter name of business)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>JAN. 1 - DEC. 31</small>	PER ELECTION TO DATE <small>(If required)</small>
01/05/2011	Edward Anthony, LLC 1712 East 3rd St., Suite 101 Corona Del Mar, CA 92625	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
01/05/2011	Mark Angelus Harbor Grain Terminal 2422 W Sepulveda Blvd Long Beach, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00
01/07/2011	Patricia Boeck	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH United Nations	120.00	120.00	120.00
01/25/2011	Jim Uliya For Assembly 2010 (866) 734-3121 16541 Pacific blvd Huntington Beach, CA 92649	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00
01/28/2011	Requieen Ronzio 160 Chatsworth Dr., Ste 9 Cardiff By The Sea, CA 92054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
SUBTOTAL \$						\$ 650.00

Schedule A Summary

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

TOTAL \$ 4,949.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER	Statement covers period		Page <u>5</u> of <u>13</u>
	from <u>02/21/2011</u>	through <u>02/25/2011</u>	
Vrights For Lake Forest City Council 2010			1231261
DATE RECEIVED	NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if committee, also enter its name and self-employed or business name)	CONTRIBUTOR CODE *	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31) TO DATE (IF REQUIRED)
01/29/2011	Bill Copperhill 5114 Park, CR 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Supervisor 3rd District County of Orange 200.00 200.00
02/01/2011	Julian Bailey San Clemente, CR 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Attorney Julian Bailey Attorney at Law 100.00 100.00
02/12/2011	John Butig Torrance, CA 92571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Financial Advisor Wells Fargo Advisors, LLC 500.00 500.00
01/15/2011 (#440520)	Patricia Rodriguez et Industrial & Utility Equipment Co., Inc. 10151 Torrey Rancho Santa Margarita, CA 92688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	500.00 500.00
02/21/2011	Renee L. Rogers Lake Forest, CR 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	President Golden Eagle Miss 100.00 100.00
SUBTOTAL \$			\$1,600.00

*Contributor Codes

- IND - Individual
- COM - Recipient Committee
- OTH - Other (e.g., business entity)
- PTV - Political Party
- SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

*Contributor Codes
 IND – Individual
 C2M – Recipient Committee
 (other than PTY or SCC)
 GTH – Other (e.g., Business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule D
**Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHENKEL F.D.
CALIFORNIA 460
FORM

Schedule D Summary

- | | | |
|---|-----------------|--------|
| 1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals.) | \$ _____ | 109.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ _____ | 0.00 |
| 3 Total contributions and independent expenditures made this period (Add lines 1 and 2. Do not enter on the Summary Page) | \$ _____ | 109.00 |
| | TOTAL \$ | |

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Visalia Put Lake Forest City Council 2010

CALIFORNIA FORM 460	
Statement covers period	
from <u>01/01/2011</u>	through <u>06/30/2011</u>
Page <u>9</u>	of <u>17</u>
I.D. NUMBER	
<u>1331261</u>	

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

CMP	campaign paraphernalia/misc	MRR	member communications
CNS	campaign consultants	MTC	meetings and appearances
CTB	candidate (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHD	phone banks
FNU	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/funding others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	FRT	print ads

NAME AND ADDRESS OF PAYEE (or COMMITTEE, ADOLENTIVE ID, NAME NO.)	CODE	DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Realtor Plus	CMP	Signature		\$ 305.17
1160 California Ave Corona, CA 92879				
Subject to Recovery #2012-04110950+	CTB			\$ 100.00
1543 Private Blvd Truro, GA 92602				
Save First 13 Payments	LFT			\$ 224.00
1001 Hwy Glenn Dr Ste 221 Laurel Springs, GA 92617				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals) \$ 296.17
2. Unitemized payments made this period of under \$100 \$ 14.29
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 \$ 310.66**

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Voights For Lake Forest City Council 2010

Statement covers period
from 01/01/2011

through 06/10/2011

I.D. NUMBER

1333261

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CAP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explan. 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

NAME AND ADDRESS OF PAYEE (or COMMERCIAL ACCT. FILER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Republican League, Inc., Voter Guide 101-61240			
10011 Ivy Glenn Dr., Ste 223 Laguna Niguel, CA 92677	LIT		862.00
John Fox & Small Business Action Committee, Inc., Voter Guide 101-6124263	LIT		805.00
Small Business Action Committee, Inc., Voter Guide 101-6124263	LIT		400.00
7649 Sunwise Drive, Suite D Elliott Heights, CA 95611	LIT		400.00

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

SUBTOTAL \$

2,067.00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F Accrued Expenses (Unpaid Bills)

SCHEDULE F	
CALIFORNIA 460 FORM	
Statement covers period from <u>01/01/2011</u>	through <u>05/30/2011</u>
Page <u>11</u>	at <u>11</u>
ID NUMBER <u>1331361</u>	

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Waigs For Lake Forest City Council 2010

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

CMP	campaign paraphernalia	MCR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	return contributions
CTB	contribution (regular nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. or cable airtime and production costs
FL	candidate扁igibid fees	PH	phone banks	THC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
INB	independent expenditure supporting/opposing others (expans)	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VCT	visitor registration
LIT	campaign literature and materials	PR	print ads	WEB	information technology costs (internet, e-mail)

(a) NAME AND ADDRESS OF CREDITOR OR CREDITOR'S ACCOUNT NUMBER	CODE OR DESCRIPTION OF PAYMENT	AMOUNT INCURRED THIS PERIOD	BALANCE BEGINNING OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (A50 REPORT ONE)		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
				(b)	(e)	
Waigs For Lake Forest City Council 2010	LIT		420.00	0.00	400.00	0.00
7643 Sunburst Blvd, Suite G Citrus Heights, CA 95622						
National Tax Litigation Committee Nonpartisan Issues Fund	LIT		\$16.00	0.00	0.00	\$16.00
3001 Hwy. Glenn Dr., Ste 223 La Jolla, CA 92037						
California Public Safety Newsletter 18-038701	LIT		-1,083.00	0.00	0.00	1,083.00
3001 Hwy. Glenn Dr., Ste 223 La Jolla, CA 92037						
SUBTOTALS \$		\$ 1,399.00	\$ 0.00	\$ 400.00	\$ 0.00	

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

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 \$ 0.00**
- 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 payments under \$100.) **PAID TOTALS \$ 5,196.37**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -5,196.37**

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

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

SCHEDULE F (CONT.)
CALIFORNIA 460
FORM

NAME OF FILER Vista Pin Lake Forest City Council 2010	Statement covers period from 01/01/2011 through 06/30/2012	Page 17 of 17 ID NUMBER 3311261
--	--	---------------------------------------

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

CAP campaign paraphernalia/misc.	MEM member communications	RAD radio, airline and production costs
CNS campaign consultants	MTC meetings and appearances	F&D reimbursed contributions
CTB contribution (excludes nonmonetary)*	OPC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TAC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS telephone/travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LUT campaign literature and mailings	PRF 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 CONTRIBUTOR or committee, AKA filer ID number(s)	CODE OR DESCRIPTION OF PAYMENT	(A) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(B) AMOUNT INCURRED THIS PERIOD (A) minus (B)	(C) AMOUNT PAID THIS PERIOD (A) minus (B)	(D) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Repuation Woman & Voice (41235667)	1.00	687.00	0.00	0.00	687.00
20011 Toy Glenn Dr., Ste 223 Laurel Ridge, CA 92611	2.00				
Save Prop 41 14744441	2.00				
20011 Toy Glenn Dr., Ste 223 Laurel Ridge, CA 92611	2.00				
Total Tax & Small Business Act Committee Nonresident (41235667)	2.00	811.00	0.00	0.00	811.00
20011 Toy Glenn Dr., Ste 223 Laurel Ridge, CA 92611	2.00				
Orange County Republican Leadership Voter Guide (4146240)	1.00	862.00	0.00	0.00	862.00
20011 Toy Glenn Dr., Ste 223 Laurel Ridge, CA 92611	1.00				
SUBTOTALS \$	3,138.00	0.00	0.00	2,491.00	687.00

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

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

Statement covers period From <u>01/01/2012</u> through <u>06/30/2012</u>	CALIFORNIA FORM 460	Page <u>13</u> of <u>13</u>	I.D. NUMBER <u>123-456</u>
---	------------------------------------	-----------------------------	--------------------------------------

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
OMP campaign press/broadcast media	MRR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonitemary)*	OFC office expenses
CVC civic donations	PET perform circulating
FIL candidate filing/ballot fees	PHB phone banks
FND fundraising events	POL polling and survey research
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PTT print ads
	RAD radio airtime and production costs
	RTD returned contributions
	SAL campaign workers' salaries
	TEL tv or cable airtime and production costs
	TRC candidate travel, lodging, and meals
	TRS transpouse travel, lodging, and meals
	TSC transfer between committees of the same candidate/sponsor
	VOT voter registration
	WEB information technology costs (internet, e-mail)

FPPC Form 460 (January 05) FPPC Toll-Free Helpline: 866/45K-FPPC (866/275-3772)