

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |                            |
|--|----------------------------|
| Date Stamp   | CALIFORNIA FORM <b>460</b> |
| CITY OF DATA POINT<br>2014 DEC 17 PM 2:18<br>RECEIVED<br>CITY CLERK'S DEPARTMENT | Page <u>1</u> of <u>2</u>  |
|  | For Official Use Only      |

|  |   |
|--|---|
| Statement covers period<br>from <u>10/19/14</u><br>through <u>12/17/14</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/4/14</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)   |   |

**3. Committee Information**

I.D. NUMBER  
1368724

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

Chuck Rathbone for City Council 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

Chuck Rathbone

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 12/17/14  
Date

By Chuck Rathbone  
Signature of Treasurer or Assistant Treasurer

Executed on 12/17/14  
Date

By Chuck Rathbone  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
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

CALIFORNIA FORM **460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

*Chuck Rathbone*

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

*City Council Member, City of Dana Point*

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?<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. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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 | 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 |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| 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  
from 10/19/14  
through 12/17/14

CALIFORNIA  
FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chuck Rathbone for City Council 2014

I.D. NUMBER

1368724

**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    | \$ <u>500.-</u>  | \$ <u>1050.-</u>                           |
| 2. Loans Received ..... Schedule B, Line 3            | \$ <u>(513.-)</u>  | \$ <u>9187.-</u>                           |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>(13.-)</u>   | \$ <u>10237.-</u>                          |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$ <u>0.-</u>  | \$ <u>0.-</u>                              |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>(13.-)</u>   | \$ <u>10237.-</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      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>275.-</u>  | \$ <u>10237.-</u>                          |
| 7. Loans Made ..... Schedule H, Line 3                      | \$ <u>0.-</u>  | \$ <u>0.-</u>                              |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>275.-</u>  | \$ <u>10237.-</u>                          |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$ <u>0.-</u>  | \$ <u>0.-</u>                              |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$ <u>0.-</u>  | \$ <u>0.-</u>                              |
| 11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ <u>275.-</u>  | \$ <u>10237.-</u>                          |

**Expenditure Limit Summary for State  
Candidates**

| 22. Cumulative Expenditures Made*<br>(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             | \$ <u>288.-</u>  |
| 13. Cash Receipts ..... Column A, Line 3 above                              | \$ <u>(13.-)</u> |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$ <u>0.-</u>    |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$ <u>275.-</u>  |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0.-</u>    |

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.

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

|   |               |
|---|---------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.-</u> |
|---|---------------|

**Cash Equivalents and Outstanding Debts**

|   |             |
|---|-------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>10/19/14</u><br>through <u>12/17/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>4</u> of <u>7</u>      |
|  | I.D. NUMBER<br><u>1368724</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chuck Rathbone for City Council 2014

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>11/1/14</u>     | <u>Charles W. Robinson III</u><br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <u>Senior Director<br/>San Diego County<br/>office of Education</u>                           | <u>500.-</u>                | <u>500.-</u>   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   |                             | <u>500.-</u>   | <u>500.-</u>                          |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 500.-
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ - 0.
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 500.-

\*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 B - Part 1  
Loans Received**

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

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/19/14</u><br>through <u>12/17/14</u> | CALIFORNIA FORM <b>460</b>    |
|  | Page <u>5</u> of <u>7</u>     |
|  | I.D. NUMBER<br><u>1368724</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chuck Rathbone for City Council 2014

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD     | (f)<br>ORIGINAL AMOUNT OF LOAN                        | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                     |
|---|---|--|------------------------------------|--|--|--------------------------------------|---|---|
| <u>Charles E. Rathbone, Jr.</u><br>[REDACTED]   | <u>Retired</u>  | <u>\$ 9700</u>                                   | <u>\$ - 0 -</u>                    | <input checked="" type="checkbox"/> PAID<br><u>\$ 513</u><br><input type="checkbox"/> FORGIVEN | <u>\$ 9187</u>                                     | <u>0</u> %<br>RATE<br><u>0</u><br>\$ | <u>\$ 10,000</u><br><u>JUL - OCT</u><br>DATE INCURRED | CALENDAR YEAR<br><u>\$ 10,000 -</u><br>PER ELECTION**<br>\$ |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$   | \$                                 | \$   | DATE DUE   | \$                                   | DATE INCURRED   | \$  |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN                       | \$   | %<br>RATE                            | \$  | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | \$   | DATE DUE   | \$                                   | DATE INCURRED   | \$  |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN                       | \$   | %<br>RATE                            | \$  | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | \$   | DATE DUE   | \$                                   | DATE INCURRED   | \$  |
| <b>SUBTOTALS \$</b>   |   |  | <u>\$ 513</u>                      | <u>\$ 9187</u>   | <u>\$ 0</u>  |                                      |   |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 513 -  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ (513 -)  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

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

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/19/14</u><br>through <u>12/17/14</u> | CALIFORNIA<br>FORM <b>460</b> |
| Page <u>6</u> of <u>7</u>  | I.D. NUMBER<br><u>1368724</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chuck Rathbone for City Council 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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR    | DESCRIPTION OF PAYMENT                           | AMOUNT PAID    |
|---|------------|--|----------------|
| <u>Vote Managers</u><br>[REDACTED]                                  | <u>PHO</u> | <u>Auto Phone Calls to Voters</u>                | <u>250.-</u>   |
| <u>San Clemente Times LLC</u><br>[REDACTED]                         | <u>PRT</u> | <u>Dana Point Times<br/>Quarter Page Ad</u>      | <u>235.-</u>   |
| <u>City Clerk - Dana Point</u><br>[REDACTED]                        | <u>FIL</u> | <u>Partial Refund of<br/>Cand-date Statement</u> | <u>(210.-)</u> |

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

SUBTOTAL \$ 275.-

**Schedule E Summary**

- |  |                     |
|--|---------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>275</u>       |
| 2. Unitemized payments made this period of under \$100   | \$ <u>0</u>         |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0</u>         |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>275</u> |

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/19/14</u><br>through <u>12/17/14</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>7</u> of <u>7</u>  | I.D. NUMBER<br><u>1368724</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chuck Rathbone for City Council 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Arthur Sanchez, Sanchez and Associates

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
|   |         | None                   | 0           |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.