

**Recipient Committee  
Campaign Statement  
Cover Page**

Type or print in ink.

(Government Code Sections 84200-84216.5)

Date Stamp  
*RECEIVED*  
**ENDORSED-FILED**  
MAY 22 2008  
SUSAN M. RANOCHAK  
MENDOCINO COUNTY CLERK

**CALIFORNIA FORM 460**  
Page \_\_\_\_\_ of \_\_\_\_\_  
For Official Use Only  
**FILED**  
MAY 22 2008  
SUSAN M. RANOCHAK  
MENDOCINO COUNTY CLERK

Statement covers period  
from MARCH 18, 2008  
through MAY 17, 2008

Date of election if applicable:  
(Month, Day, Year)  
JUNE 3, 2008

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  
*Deputy*
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
NO ON MEASURE B CAMPAIGN COMMITTEE

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/P

NAME OF ASSISTANT TREASURER, IF ANY

THOMAS DAVENPORT

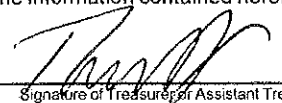
AREA CODE/P

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 ce under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/21/08  
Date

By   
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
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 - PA

**CALIFORNIA  
FORM 46**

Page \_\_\_\_\_ of \_\_\_\_\_

**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  
**MEASURE B**

BALLOT NO. OR LETTER <b>B</b>	JURISDICTION <b>MENDOCINO COUNTY</b>	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
----------------------------------	---	--

**Identify the controlling officeholder, candidate, or state measure proponent, if**

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"/> SUPPC <input type="checkbox"/> OPPOS
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPO <input type="checkbox"/> OPPOS
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPC <input type="checkbox"/> OPPOS
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPC <input type="checkbox"/> OPPOS

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY

Statement covers period from <u>MARCH 18, 2008</u>	<b>CALIFORNIA FORM 460</b>
through <u>MAY 17, 2008</u>	
Page _____ of _____	I.D. NUMBER <u>130616 130618</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE B CAMPAIGN

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>7079.08</u>	\$ <u>8827.08</u>
2. Loans Received ..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>7079.08</u>	\$ <u>8827.08</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>12500.00</u>	<u>12500.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>19,579.08</u>	\$ <u>21,328.08</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	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>5624.76</u>	\$ <u>5694.76</u>
7. Loans Made ..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>5624.76</u>	\$ <u>5694.76</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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>1678.00</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>7079.08</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	_____
15. Cash Payments ..... Column A, Line 8 above	_____
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8757.08</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 amount reported in Column B.

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

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

**Cash Equivalents and Outstanding Debts**

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

**SCHEDULE A**  
**Monetary Contributions Received**

type of print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from March 18, 2008  
through May 17, 2008

SCHEI  
**CALIFORNIA FORM 460**  
Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*No on MEASURES B Campaign*

I.D. NUMBER  
1306185

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 ELECTIC TO DATE (IF REQUIRE)
4/2/08	Mendocino Medical Marijuana Advisory Board PO Box 2555 Mendocino CA 95460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
4/02/08	Charles Quinnelly PO Box 11 Ukiah CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99		
4/14/08	Jan Merich 28400 Skyview Rd Willits 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		45		
4/28/08	Margo Richmond PO Box 1388 Willits CA 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher- Mendocino College	500		
4/28/08	Marle Jane Shepphard 680 Blue Oak Dr. Ukiah CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50		
<b>SUBTOTAL \$</b>				<b>1194</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3646.00 ~~2484.00~~
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 3433.05 ~~3433.05~~
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 7079.05 ~~5917.05~~

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business or  
PTY – Political Party  
SCC – Small Contributor Commi

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from March 18, 2008  
through May 17, 2008

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER  
No on Measures B Campaign

I.D. NUMBER  
1306185

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 ELECTED TO DATE (IF REQUIRE)
4/24/08	Deborah White 1261 N. Bush St. Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
4/29/08	Loretta Agee 15137 Mitchell Creek Fort Bragg, CA 95437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
5/6/08	Keith Rashall box 282 Whitethorn, CA 95589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
5/9/08	Bruce Hering P.O. Box 805 Boonville, CA 95415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00		
5/13/08	Apothecary Enterprises 1786 South Main Street Willits, CA 95490	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00		
<b>SUBTOTAL \$</b>				<b>548.00</b>		

\*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

Statement covers period  
from March 18, 2008  
through May 17, 2008

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER

*No on Measure B Campaign*

I.D. NUMBER

1306185

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 ELECTOR TO DATE (IF REQUIRED)
5/5/08	Ryland Englehart 2920 - 21st Street, San Francisco CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed: Cafe Gratitude	1000.00		
5/5/08	Darren Nelson 17365 Banner Quaker Hill, Nevada City CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	250.00		
4/14/08	Nicholas Thomas 1409 Anza St San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30.00		
4/15/08	Ken Waltz p.O. Box 1837 Laytonville, CA 95454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	500.00		
4/17/08	William Hawes 104 Belle View Ave. Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		

SUBTOTAL \$ 1805 ~~540.00~~

\*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

Statement covers period  
from March 18, 2008  
through May 17, 2008

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER

No on Measure B Campaign

I.D. NUMBER

1306185

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 ELECTORAL TO DATE (IF REQUIRE)
5/15/08	Laura Donaldson P.O. box 2065 Willits, CA 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input checked="" 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				
<b>SUBTOTAL \$</b>				99.00		

\*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 C  
Nonmonetary Contributions Received**

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

SCHE

Statement covers period  
from March 18, 2008  
through May 17, 2008

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*No on Measure B Campaign*

I.D. NUMBER  
1306185

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 ELECT TO DATE (IF REQUIRED)
4/28/08	Norcal NORML 2215-R Market St. #278 San Francisco CA 94114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Survey	12,000.00		
5/8/08	Dale Gierenger 3514 Dwight Way, Berkeley CA 94704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed - investor	camera ready art	500.00		
		<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 \$ 12,500**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 12,500
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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 \$** 12,500

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee (other than PTY or SCI)  
OTH – Other (e.g., business e  
PTY – Political Party  
SCC – Small Contributor Comr



**Schedule E  
Payments Made**

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

Statement covers period  
from March 18, 2008  
through May 17, 2008

SCH  
**CALIFORNIA FORM 460**  
Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1306185

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE B Campaign

**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/s |
| 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
DAVID SHERIDAN 5001 N. STATE ST. UKIAH CA 95482	VOT	VOTER REGISTRATION & SURVEY	300.00

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

**SUBTOTAL \$ 300.00**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 5624.76
- 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 \$ 5624.76**

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

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

Statement covers period  
from 3/18/2008  
through 5/17/2008

SCHEDULE E (I)  
**CALIFORNIA FORM 460**  
Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1306185

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NO ON B CAMPAIGN

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                  |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                              |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                          |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs          |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals             |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/s |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration                                  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)     |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PA
COAST RANGE DIGITAL 24311 BIRCH TERR. WILLITS 95490	TEL	1007 VIDEO PRODUCTION	360.00
SIGNS PAR EXCELLENCE 1525 B FARMERS LNE SANTA ROSA	CMP	1008 SIGNS	2982.70
KOZT 110 FRANKLIN, FT. BRAGG 95420	RAD	1011 RADIO SPOTS	980.00
KMFB RADIO, FT BRAGG 95420	RAD	1010 RADIO SPOTS	399.00
KWINE PO BOX 1056 UKIAH 95482		1009 RADIO SPOTS	665.00

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

**SUBTOTAL \$ 5324.70**

**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.

Statement covers period  
from MAR 18, 2008  
through MAY 17, 2008

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on MEASURES B Campaign

I.D. NUMBER

1306185

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Dale Gierenger, California NORML

**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/sp. |
| 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Next Generation 1904 Franklin St, Suite 609 Oakland CA 94612	PRT	Design & camera ready art	<u>500.00</u>
EMC Association 436 14th St., Suite 820 Oakland CA 94612	POL	Opinion Survey	<u>12,000.00</u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 12,500.00

\* 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.

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>No ON MEASURE B Campaign</i>		Date of This Filing <i>5/22/08</i>	Date Stamp <i>RECEIVED ENDORSED-FILED MAY 22 2008</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <i>707-489-2792</i>	I.D. NUMBER (if applicable) <i>1306185</i>	Report No. _____		
STREET ADDRESS <i>705 N. STATE ST. #115</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>UKIAH</i>	STATE <i>CA</i>	ZIP CODE <i>95482</i>	No. of Pages <i>1</i>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>5/21/08</i>	<i>DALE GERENGER 3514 DWIGHT WAY BERKELEY CA 94704</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>INVESTOR - SELF-EMPLOYED</i>	<i>\$11,413.88</i>  <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: