

FILED

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

AUG 26 2008

RECEIVED

CALIFORNIA FORM 460

AUG 26 2008

Page 1 of 13

SUSAN M. RANOCIAK COUNTY CLERK-RECORDER

Statement covers period from May 18, 2008 through July 31, 2008. Date of election if applicable 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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) No on Measure B Campaign
STREET ADDRESS (NO P.O. BOX) 715 N. STATE ST. #115
CITY UKIAMI STATE CA ZIP CODE 95482 AREA CODE/PHONE 707-489-2792

Treasurer(s)

NAME OF TREASURER
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY Thomas Davenport
MAILING ADDRESS 715 N. STATE ST. #115
CITY UKIAMI STATE CA ZIP CODE 95482 AREA CODE/PHONE 707-489-2792

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 July 31, 2008
Executed on
Executed on
Executed on

By [Signature]
Signature of Treasurer or Assistant Treasurer
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

**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 <u>B</u>	JURISDICTION <u>MENARDINO COUNTY</u>	<input type="checkbox"/> SUPPORT <input checked="" 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>MAY 18, 2008</u> through <u>JULY 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>13</u>
	I.D. NUMBER <u>1306185</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	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	Schedule A, Line 3	\$ <u>14,812.27</u>	\$ <u>23,569.35</u>	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3				
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>14,812.27</u>	\$ <u>23,569.35</u>	20. Contributions Received	\$ _____ \$ _____
4. Nonmonetary Contributions	Schedule C, Line 3			21. Expenditures Made	\$ _____ \$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>14,812.27</u>	\$ <u>23,569.35</u>		

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Expenditure Limit Summary for State Candidates	
6. Payments Made	Schedule E, Line 4	\$ <u>22,539.10</u>	\$ <u>28,233.86</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
7. Loans Made	Schedule H, Line 3			Date of Election (mm/dd/yy)	Total to Date
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>22,539.10</u>	\$ <u>28,233.86</u>	<u> / /</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3			<u> / /</u>	\$ _____
10. Nonmonetary Adjustment	Schedule C, Line 3				
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>22,539.10</u>	\$ <u>28,233.86</u>		

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>3,323.21</u>
13. Cash Receipts	Column A, Line 3 above	<u>14,812.27</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	<u>22,539.10</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,594.51</u>

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

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

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

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>5/18/08</u> through <u>7/31/08</u>	<b>CALIFORNIA FORM 460</b>
	Pr. <u>4</u> of <u>13</u>
I.D. NUMBER <u>1206185</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE B CAMPAIGN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/20/08	MICHELLE TUCKER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15.00	15.00	15.00
5/20/08	SANDRA PATTERSON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20.00	120.00	120.00
5/20/08	JON R. MCKEE 601 Locust 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	99.00	99.00
5/20/08	SUREN ELIN 129 S. Carry St FT BRAGG CA 95437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20.00	20.00	20.00
5/20/08	ANTONIA ESPOSITO PO Box 324 Boonville CA 95415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	50.00
<b>SUBTOTAL \$</b>				<u>204.00</u>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 11,996.88
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 2,815.39
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 14,812.27

\*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.)

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>13</u>	I.D. NUMBER <u>130 6185</u>

NAME OF FILER

NO ON MEASURE B Campaign

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/08	STEVE SCALMANINI PO Box 436 UKIAH CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	99.00	99.00
5/22/08	SANDRA PATTERSON PO Box 69 CASPAR CA 95420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MATTLE School	100.00	120.00	120.00
5/24/08	KEVIN LEROY 4 BEECH ST SOUTH RONKONKOMA NY 11779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30.00	30.00	30.00
5/28/08	BARBARA FREEMAN 2200 BAYWOOD WAY WILLITS CA 95490	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75.00	75.00	75.00
5/28/08	THOMAS FREEMAN 2200 BAYWOOD WAY WILLITS CA 95490	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75.00	75.00	75.00
<b>SUBTOTAL \$</b>				<u>379.00</u>		

\*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.)

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>13</u>
NAME OF FILER <u>No on Measure B Campaign</u>	
I.D. NUMBER <u>1306185</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/08	DALE GREENBERG 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	INVESTOR! Self Employed	11,413.88	11,913.88	11,913.88
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b> 11,413.88		

\*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 from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>13</u>	I.D. NUMBER <u>1306185</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NO ON MEASURE B CAMPAIGN

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
DAN HAMBURG 1330 BONVILLE RD. UKIAH CA 95482  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXEC. DIRECTOR, VOICE OF THE ENVIRONMENT	\$ 0	\$ 4126.00	<input checked="" type="checkbox"/> PAID \$ 4126.00 <input type="checkbox"/> FORGIVEN	\$ 0	0% RATE	\$ 0	CALENDAR YEAR \$ 0 PER ELECTION** \$ 0
LAURA HAMBURG 1330 BONVILLE RD. UKIAH CA 95482  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED JOURNALIST	\$ 0	\$ 2430.00	<input checked="" type="checkbox"/> PAID \$ 2430.00 <input type="checkbox"/> FORGIVEN	\$ 0	0% RATE	\$ 0	CALENDAR YEAR \$ 0 PER ELECTION** \$ 0
DALE GERINGER 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	INVESTOR - SELF EMPLOYED	\$ 0	\$ 11,413.88	<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$ 11,413.88	\$ 0	0% RATE	\$ 11,413.88 DATE INCURRED 5/21/2008	CALENDAR YEAR \$ 11,913.88 PER ELECTION** \$ 11,913.88
<b>SUBTOTALS</b>		\$ 17,969.88	\$ 6,556.00	\$ 0	\$ 0	0% RATE		

**Schedule B Summary**

1. Loans received this period ..... \$ 17,969.88  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 11,413.88  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2.

†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 from <u>May 18, 2008</u>	<b>CALIFORNIA FORM 460</b>
through <u>July 31, 2008</u>	
Page <u>8</u> of <u>13</u>	I.D. NUMBER <u>1306185</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURES 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/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>22539.10</u>
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.) .....	<b>TOTAL \$</b> <u>22539.10</u>



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

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

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*No on measures B campaign*

I.D. NUMBER  
1306185

**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 PA
KOZT 110 S. Franklin Ft Bragg CA 95437	RAD			1072.00
KMFB Noyo Harbor Ft Bragg CA 95437	RAD			789.
Pacific Print 1259 Park Ave. Emeryville CA 94608	LIT			3728.
Mikko Design 1904 Franklin St. Suite 109 Oakland CA 94612	LIT			510.9
Next Generation 1904 Franklin St. Suite 609 Oakland CA 94612	LIT			2500.

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

**SUBTOTAL \$** 8600.80

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

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

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <u>1306185</u>

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/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
POLITICAL DATA INC. 1904 FRANKLIN ST SUITE 609 OAKLAND CA 94612	POL		169.33
WILLITS NEWS 77 W. Commercial WILLITS 95490	PRT		499.00
UKIAN DAILY JOURNAL 590 S. SCHOOL ST UKIAN 95482	PRT		1850.00
SIO COOPERATIVE 102 S. STATE UKIAN CA 95482	WEB		200.00
SATURDAY AFTERNOON CLUB 107 S. OAK ST UKIAN CA 95482	FND		200.00

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

**SUBTOTAL \$ 2918.33**

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

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

Statement covers period from <u>May 18, 2018</u> through <u>July 31, 2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*No on Measure B Campaign*

I.D. NUMBER  
1306185

**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 PA
Green Party of Mendocino County Working Group for No on B PO Box 533 Talmage CA 95481	VOT		1350.
Broadcasting Corp of Mendocino County PO Box 1056 Ukiah CA 95482	RAD		3920.
Printing XPress 603 S Main Willits CA 95490	LIT		258.
Assessor - Recorder 501 Low Gap Rd Ukiah CA 95482	FIL		1020.
BiCoastal Media - KUKI 140 N. Main Lakeport CA	RAD		2976.

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

**SUBTOTAL \$ 7704.70**

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

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

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>13</u>
	I.D. NUMBER <u>1306185</u>

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/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>STAPLES</u>	<u>CMP</u>	<u>POSTER MATERIAL &amp; COPIES</u>	<u>362.00</u>

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

SUBTOTAL \$ 362.00

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

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

Statement covers period from <u>May 18, 2008</u> through <u>July 31, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>13</u>
	I.D. NUMBER <u>1306185</u>

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   | PEF petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>ROOTSTOCK - MUSIC GROUP</u>	<u>FND</u>	<u>PAID TO BAND AT FUNDRAISER</u>	<u>350.00</u>
<u>STAPLES OFFICE SUPPLY 1225 AIRPORT PARK BLVD UKIAH CA 95482</u>	<u>LIT</u>		<u>168.09</u>
<u>BEV MO 2090 SANTA ROSA AVE SANTA ROSA CA 95407</u>	<u>FND</u>	<u>FUNDRAISER MATERIALS</u>	<u>505.00</u>
<u>MICHAEL'S ARTS &amp; CRAFTS 1215 AIRPORT PARK BLVD UKIAH CA 95482</u>	<u>LIT</u>	<u>SIGN MATERIALS</u>	<u>125.00</u>
<u>SIGNSPAR EXCELLENCE 1525 B FARMERS LNS SANTA ROSA CA 95405</u>	<u>cmp</u>		<u>1805.05</u>

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

SUBTOTAL 2953.14