Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Starrip		FORNIA 460
	Statement covers period from 07/01/2021	Date of election if applicable: (Month, Day, Year)	7017 11	A date	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021	06/05/2018	7100 BEIL G	3.5 150	** ****
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	VEL V	Harry L. College	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) imarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	•] Supplemental i	ear Report
o. Commutee initiation	NUMBER 403442	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Aceituno 4 Assembly 2018 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER David Gould MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZID COL		Long Beach	CA	90802	
Long Beach CA 90802 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		NAME OF ASSISTANT TREASURER Ingrid Orellana MAILING ADDRESS	I, IF ANY		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS / dlgould@gouldorellana.com		OPTIONAL: FAX / E-MAIL ADDRES		77772	
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my knot that the foregoing is true and correct. By	owledge the information contained herein Signature of Treasurer or Assistant Tree		Schedules is true	and complete. I certify
Executed on	BySignature of Cor	hirolling Oliceholder, Candidate, State Measure Proposition		Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	***************************************	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Marie de Proponent		

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE-PART2
CALIFORNIA FORM 460
Page 2 of 9

5. Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballot	Measure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Pedro Aceituno							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER (F APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTION		1 0100000
State Assembly Person Assembly District Dist							SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE Z	ZIP					
Lor	ng Beach CA 90	0802		Identify the controlling offic	eholder, candidate, o	r state measure	proponent, if any.
	·			NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONENT		
Related Committees Not included in this Sta	lomont: the	4					
not included in this statement that are controlled by you o	r are orimarily formed to re-	iggs celve		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your can	didacy.	dot a B				Signatura No.	n /441
COMMITTEE NAME	I.D. NUMBER				NACTOR AND		
Aceituno for City Council 2015	1251595						
NAME OF TREASURER	CONTROLLED COMMITTEE?		7.	Primarily Formed Candi	idate/Officeholder	Committee L	st names of
Gould David	X YES NO			officeholder(s) or candidate(s)	for which this committe	e is primarily form	red.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 80)X)			NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	OUGHT OR HELD	[m.,
	•						SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PH	IONE		NAME OF OFFICEION DED OF			
Long Beach CA 9080				NAME OF OFFICEHOLDER OR CA	NUIDATE OFFICE S	OUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER						OPPOSE
	I.U. NUMBEK			NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	OUGHT OR HELD	
					OFFICE S	OUGHT ON HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?						☐ OPPOSE
	YES NO			NAME OF OFFICEHOLDER OR CA	NOIDATE OFFICE S	OUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO							OPPOSE
OTTALL NODRESS (NO.50, BO	^)						The state of the s
CITY STATE ZIP CY							
STATE ZIP CC	DDE AREA CODE/PH	ONE		Attach	continuation sheets	if necessary	
					1/20x71/17 27 27 27 27 27 27 27 27 27 27 27 27 27		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2021 CALIFORNIA 460 FORM 460 through 12/31/2021 Page 3 of 9

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Aceituno 4 Assembly 2018

1403442 **Contributions Received** Column A Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ _____ 0.00 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0.00 65,300.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 20. Contributions 0.00 65,300.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 0.00 65,300.00 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 \$ 985.10 \$ _____1,885.10 Candidates 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _____ 22. Cumulative Expenditures Made* 985.10 1,885.10 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 19,101.00 Date of Election **Total to Date** 10. Nonmonetary Adjustment Schedule C, Line 3 (mm/dd/yy) 0.00 0.00 11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10 \$ _____ 985.10 \$ 20,986.10 **Current Cash Statement** To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 0.00 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last 15. Cash Payments Column A, Line 8 above reported in Column B. report. Some amounts in 985.10 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 Column A may be negative 152.62 figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is

0.00

84,401.00

the first report being filed

carry over the amounts

any).

from Lines 2, 7, and 9 (if

for this calendar year, only

FPPC Form 468 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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

18. Cash Equivalents See instructions on reverse \$

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Cash Equivalents and Outstanding Debts

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Accitung 4 Assembly 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (F SELF-EMPLOYER NAME OF FILENDER) (F COMMITTEE ALSO ENTER LD. NUMBER) Pedro Accitung City Councilmember This Period from07/01/2021 Page (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	SCHEDULE B- ALIFORNIA 41 FORM 4 Be 4 of 9 NUMBER 103442 (f) (S) CUMUL CONTRIB TO D. CALENDA	60
NAME OF FILER Aceituno 4 Assembly 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (F SELF-EMPLOYER INAME BUSINESS) (F COMMITTEE ALSO ENTER LD. NUMBER) Page I.D. 1 140 140 OUTSTANDING BALANCE BEGINNING THIS PERIOD PERIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD ON FORGIVEN THIS PERIOD City Councilmember THOUGH 1275172021 Page (b) AMOUNT PAID OUTSTANDING BALANCE BEGINNING THIS PERIOD THIS PERIOD PERIOD Page (c) OUTSTANDING BALANCE AT CLOSE OF THIS PAID THIS PERIOD DEPRIOD ON FORGIVEN THIS PERIOD DEPRIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD THIS PERIOD DEPRIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD ON FORGIVEN THIS PERIOD DEPRIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD ON FORGIVEN THIS PERIOD DEPRIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD ON FORGIVEN THIS PERIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD ON FORGIVEN THIS PERIOD OUTSTANDING BALANCE BEGINNING THIS PERIOD OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING BALANCE BEGINNING T	NUMBER 103442 (f) (g) CUMUL OUNT OF CONTRIB LOAN TO D) ATIVE
Aceituno 4 Assembly 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF LENDER (FCOMMITTEE, ALSO ENTER LD. NUMBER) Pedro Aceituno City Councilmember I.D. 1 (b) (c) (d) (d) (d) (d) (d) (d) (d) (D) (TSTANDING BALANCE BEGINNING THIS PERIOD THIS PERIOD (e) (TOUTSTANDING BALANCE AT CLOSE OF THIS PERIOD THIS PERIOD THIS PERIOD THIS PERIOD	NUMBER 103442 (f) (g) CUMUL OUNT OF CONTRIB LOAN TO D) ATIVE
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE ALSO ENTER LD. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE (FSELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD FOR FORGIVEN THIS PERIOD City Councilmember IF AN INDIVIDUAL, ENTER OUTSTANDING BALANCE BEGINNING THIS PERIOD OR FORGIVEN THIS PERIOD OR FORGIVEN THIS PERIOD PERIOD OR FORGIVEN THIS PERIOD	103442 (f) (g) ORIGINAL CUMUL AOUNT OF LOAN TO D.	ATIVE
OF LENDER (FCOMMITTEE, ALSO ENTER LD. NUMBER) City Councilmember OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD RECEIVED THIS PERIOD AMOUNT PAID OR FORGIVEN THIS PERIOD OR FORGIVEN THIS PERIOD PERIOD INTEREST PAID THIS PERIOD OR FORGIVEN THIS PERIOD OR	ORIGINAL CUMUL CONTRIB	ATIVE
Pedro Aceituno City Councilmember		
Beli Gardens	1	
Bel Ganderns, CA 90201 \$		
DATE DUE DATE	/02/2018 \$ P2018 5	i6,500.
Pedro Aceituno City Councilmember Bell Gardens City Councilmember Bell Gardens	CALENDA	IR YEAR
	1,000.00 \$ PERELE	
DATE DUE DATE	/05/2018 \$P2018 5	6,500.
Pedro Aceituno City Councilmember Bel Ganderns, CA 90201 PAD	CALENDA	UR YEAR
	35,000.00 \$ PERELE	0.00 CTION*
'IXI IND I I COM I I OTH I DEV CLOOK	/21/2018 TE INCURRED \$ P2018 5	6,500.
SUBTOTALS \$ 0.00\$ 0.00\$ 36,500.00\$ 0.00		
Schedule B Summary (Enter (e) on Schedule E, Uno 3)		
1. Loans received this period\$ 0.00		
(19 pids difficilized loans of less (18h \$100.)	utor Codes	
(Include loans naid by a third north that we do to live it.)	Recipient Committee other than PTY or SC	(C)
PTY-Poi	Other (e.g., business of official Party mail Contributor Comm	

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

** if required.

Schedule B – Part 1 (Continua Loans Received	tion Sheet) Am	ounts may be re to whole dollar	ounded rs.		Statement cov	vers period	SCHEDULE B CALIFORN FORM	-PART 1 (CONT.) IA 460
SEE INSTRUCTIONS ON REVERSE								
NAME OF FILER					through12/3	1/2021	Page 5	of _9
Aceituno 4 Assembly 2018							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b)	(c)	[d)	(e)	1403442	
OF LENDER (F COMMITTEE ALSO ENTER LD. NUMBER) Pedro Aceituno	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVE THIS PERIOD	CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Bel Ganderns, CA 90201	City Councilmember Bell Gardens			☐ PAID	TEMOD		LONG	CALENDAR YEAR
				\$0_00	\$ _20,000.00	0_00% RATE	\$ 20.000.00	\$0.00 PER ELECTION**
TIND COM OTH PTY SCC		\$ 20,000.00	\$0.00	\$0.00	DATE DUE	\$0_00	05/19/2018 DATE INCURRED	\$ <u>P2018 56,500.</u> 00
Bell Gardens, CA 90201	Retired None			PAID				CALENDAR YEAR
Sell Galdens, CA 90201		1		FORGIVEN	\$4,400.00	O OO %	\$ 4,400.00	\$0_00 PER ELECTION**
TEND COM OTH PTY SCC		\$4.400.00	\$0.00	\$0.00	DATEQUE	so_oo	05/22/2018 DATE INCURRED	\$ P2018 4,400.00
Bell Gardens, CA 90201	Retired None			PAID				CALENDAR YEAR
				FORGIVEN	\$4.400.00	0.00% RATE	\$ 4.400.00	PERELECTION**
TEND □ COM □ OTH □ PTY □ SCC		\$ 4.400.00	\$ 0.00	\$ 0.00	DATE DUE	\$0.00	05/22/2018 DATE INCURRED	\$P2018 4,400.00
				PAID				CALENDAR YEAR
				FORGIVEN	\$	RATE	\$	SPER ELECTION**
TO IND COM OTH PTY SCC		\$		\$	DATEQUE	s	DATE INCURRED	s
		SUBTOTALS \$	0.00\$	0.0	0\$ 28,800.00	\$ 0.00	- 10° (14)	

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

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (a.g., business series)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

†Contributor Codes

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may to whole o		đ	fre	Statemoom	9nt covers period 07/01/2021 12/31/2021		6 of 9
Aceitumo 4 Assembly 2018							140344	<u> 12</u>
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain 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	MRR member commercings an OFC office experiment petition circuit phone banks polling and spostage, del	nmunication d appearan uses lating s survey rese livery and n	s ces	RAI RFI SAI TEL TRO	radio return camp t.v. or candii staff/s transf	be the payment. airtime and production ned contributions aign workers' salaries cable airtime and prod date travel, lodging, and spouse travel, lodging, airtime ter between committees registration nation technology costs	luction costs i meals and meals s of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PA	YMENT		AMOUNT PAID
Gould & Orellana, ILC Long Beach, CA 90802		PRO						150.00
Gould & Orellana 11C Long Beach, CA 90802		PRO		444				150.00
Gould & Orellana, LLC Long Beach, CA 90802		PRO						150.00
* Payments that are contributions or independent expenditures me	ust also be summ	arized on	Schedule D.			SUI	BTOTAL\$	450.00
Schedule E Summary			TAXABLE PARTY OF THE PARTY OF T	TO STATE OF THE PARTY OF THE PA				
Itemized payments made this period. (Include all Schedule E	subtotals.)	*********		*************	********		.2.	900.00
2. Uniternized payments made this period of under \$100	*******************		*****************	**************			\$	85.10
3. Total interest paid this period on loans. (Enter amount from S	ichedule B, Part	1, Columi	ı (e).)	**********			\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Ent	ter here and on th	ne Summ	ary Page, Colun	nn A. Line 6	S.)	TOT	ΓΔ1 \$	985.10

Schedule E (Continuation Sheet) Payments Made	Amounts m to who	ay be rounded le dollars.		from 07	covers period /01/2021	SCHEDULE E (CONT. CALIFORNIA 460 FORM
NAME OF FILER				through 12	/31/2021	Page 7 of 9
Aceituno 4 Assembly 2018						I.D. NUMBER
CODES: If one of the following codes accurately decor	ibaa Aba					1403442
CODES: If one of the following codes accurately descr CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense LTC campaign literature and mailings	MTG meeting OFC office et PET petition of PHO phone b POL polling a POS postage,	continuincations and appearance epenses inculating anks anks nd survey resea delivery and m anal services (le	èes .	RAD radio airi RFD returned SAL campaig TEL t.v. or ca TRC candidato TRS staffspor TSF transfer VOT voter reg	ime and production contributions n workers' salaries ble airtime and prod a travel, lodging, and use travel, lodging, between committees	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYM	ENT	AMOUNT PAID
Gould & Orellana, LLC Long Beach, CA 90802	10	PRO		and Application		150.00
Gould & Orellana, LLC Long Beach, CA 90802		PRO		ender syderic		150.00
Gould & Orellana, LLC Long Beach, CA 90802		PRO				150.00

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

SUBTOTAL \$ 450.00

Schedule F					SCHEDULE F
Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cove		FORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 12/31/	2021 Page	_8of9
NAME OF FILER				I.D. NUI	
Aceituno 4 Assembly 2018					
CODES: If one of the following codes accurately describ CMP campaign paraphematia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication office expenses petition circulating phone banks postage, delivery and professional services print ads	ns ances search messenger services (legal, accounting)	RAD radio airtime ar returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic WEB information tecl	nd production costs butions ters' salaries time and production cost it, lodging, and meals en committees of the salar committees of the salar committees (internet, salar costs)	s me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The House of Printing Inc. Pasadena, CA 91107	LIT	1,565.85	0.00	0.00	1,565.85
Continental Colorcraft Monterey Park, CA 91754	LIT	4,013.05	0.00	0.00	4,013.05
The House of Printing Inc. Pasadena, CA 91107	LIT	2,768.16	0.00	0.00	2,768.16
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :	\$ 8,347.06\$	0.00\$	0.00\$	8,347.06
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized at 3. Net change this period. (Subtract Line 2 from Line 1. Enternal the Suppose Page 1.	accrued expenses under edule F, Column (c) subto payments on accrued exp	\$100.)tals for payments on enses under \$100.).	**************************************	PAID TOTALS \$_	0.00
on the Summary Page, Column A, Line 9.)	······································			NET \$	0.00

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

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.) Statement covers period

CALIFORNIA FORM 07/01/2021

through 12/31/2021

from

Page 9 of 9

I.D. NUMBER 1403442

Aceituno 4 Assembly 2018

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc.

print ads

PET

PRT

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings UT

MBR member communications RAD radio airtime and production costs meetings and appearances

RFD returned contributions office expenses SAL campaign workers' salaries petition circulating

t.v. or cable airtime and production costs PHO phone banks candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals TRS postage, delivery and messenger services

transfer between committees of the same candidate/sponsor TSF VOT voter registration

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 CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Continental Colorcraft	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Che Strategy Group Company	BIT .	5,062.99	0.00	0.00	5,062.
Delaware, OH 43015	PHO	4,652.00	0.00	0.00	4,652.
egistrar-Recorder/County Clerk's Office orwalk, CA 90650	FIL	1,038.95	0.00	0.00	1,038.
	SUBTOTALS \$	10,753.94\$			

professional services (legal, accounting)