Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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 B)
   □ General Purpose Committee
   □ Sponsored
   □ Small Contributor Committee
   □ Political Party/Central Committee
   □ Primarily Formed Ballot Measure Committee
   □ Controlled
   (Also Complete Part B)
   □ Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part C)

2. Type of Statement:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Termination Statement
   (Also file a Form 410 Termination)
   □ Amendment (Explain below)
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supp. Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1407876
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Del Mar Residents for Fairness, No on Measure R

   STREET ADDRESS (NO P.O. BOX)
   CITY STATE ZIP CODE AREA CODE/PHONE
   Encinitas CA 92024
   Mailing Address (if different) No. and Street or P.O. Box
   CITY STATE ZIP CODE AREA CODE/PHONE
   Encinitas CA 92024

   Optional: FAX/E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and it is
   under penalty of perjury under the laws of the State of California that the foregoing is
   true.
   Executed on SEP 26 2018
   By
   Executed on
   By
   Executed on
   By
   Executed on
   By

   Treasurer(s)
   NAME OF TREASURER
   Nancy R. Haley
   MAILING ADDRESS
   CITY STATE ZIP CODE AREA CODE/PHONE
   Encinitas CA 92024
   NAME OF ASSISTANT TREASURER, IF ANY
   Danielle Stephen
   MAILING ADDRESS
   CITY STATE ZIP CODE AREA CODE/PHONE
   Encinitas CA 92024

   Optional: FAX/E-MAIL ADDRESS

FFPC Form 460 (Jan/2018)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov

www.netfile.com
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? YES 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 Shoreline Protection Initiative

BALLOT NO. OR LETTER JURISDICTION

City of Del Mar

SUPPORT □ 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 SUPPORT □ OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT □ OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT □ OPPOSE □

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT □ OPPOSE □

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$135,000.00</th>
<th>Calendar Year Total</th>
<th>$135,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$135,000.00</td>
<td></td>
<td>$135,000.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$135,000.00</td>
<td></td>
<td>$135,000.00</td>
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</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>6. Payments Made</th>
<th>Schedule E, Line 4</th>
<th>$30,154.89</th>
<th>Calendar Year Total</th>
<th>$30,154.89</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$30,154.89</td>
<td></td>
<td>$30,154.89</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$8,907.16</td>
<td></td>
<td>$8,907.16</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule G, Line 3</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$39,062.05</td>
<td></td>
<td>$39,062.05</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>12. Beginning Cash Balance</th>
<th>Previous Summary Page, Line 16</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3</td>
<td>$135,000.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8</td>
<td>$30,154.89</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$104,845.11</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>18. Cash Equivalents</th>
<th>See instructions on reverse</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$8,907.16</td>
</tr>
</tbody>
</table>

---

**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**
  - $ __________

**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**

   - __________
   - __________
   - $ __________

   *Amounts in this section may be different from amounts reported in Column B.*
## Schedule A
### Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/31/2018</td>
<td>Investors Leasing Corporation</td>
<td>N/A</td>
<td>N/A</td>
<td>15,000.00</td>
<td>15,000.00</td>
</tr>
<tr>
<td>08/20/2018</td>
<td>Dougals D. Allred</td>
<td>N/A</td>
<td>N/A</td>
<td>15,000.00</td>
<td>15,000.00</td>
</tr>
<tr>
<td>08/26/2018</td>
<td>C4 Sandy Lane LLC</td>
<td>N/A</td>
<td>N/A</td>
<td>15,000.00</td>
<td>15,000.00</td>
</tr>
<tr>
<td>08/20/2018</td>
<td>Thomas C. Zysa</td>
<td>N/A</td>
<td>N/A</td>
<td>15,000.00</td>
<td>15,000.00</td>
</tr>
<tr>
<td>08/20/2018</td>
<td>Ronald Jacob</td>
<td>N/A</td>
<td>N/A</td>
<td>15,000.00</td>
<td>15,000.00</td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 45,000.00

2. Amount received this period – unitemized monetary contributions of less than $100 ............................ $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 45,000.00

---

**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

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FFPC Form 460 (Jan/2016)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov
### Schedule A (Continuation Sheet)

**Monetary Contributions Received**

Amounts may be rounded to whole dollars. 

**Statement covers period**

- From: 01/01/2019
- Through: 09/22/2019

**Del Mar Residents for Fairness, No on Measure P**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/20/2018</td>
<td>Sandra V. Naftzger</td>
<td>[ ] IND</td>
<td>Realtor/Rancher Self: Sandra V. Naftzger</td>
<td>15,000.00</td>
<td>15,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pacific Palisades, CA 90272</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/27/2018</td>
<td>Warren Properties Inc.</td>
<td>[ ] IND</td>
<td>Chairman/Owner Warren Properties Inc.</td>
<td>15,000.00</td>
<td>15,030.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rancho Santa Fe, CA 92657</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/30/2018</td>
<td>Donny Craig</td>
<td>[ ] IND</td>
<td>Retired</td>
<td>15,000.00</td>
<td>15,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rancho Santa Fe, CA 92657</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/34/2018</td>
<td>Natalia N. Davis</td>
<td>[ ] IND</td>
<td>Not Employed</td>
<td>15,000.00</td>
<td>15,006.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Marino, CA 91108</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $60,000.00

---

*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

**www.netfile.com**

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FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov
## Schedule E Payments Made

Amounts may be rounded to whole dollars.

### CODES:
- CMP campaign paraphernalia/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
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- FEL print ads
- RAD radio airline and production costs
- RFD returned contributions
- SAL campaign workers’ salaries
- TEL TV or cable airline and production costs
- TRC candidate travel, lodging and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

### Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laturno Marketing LLC</td>
<td>WEB</td>
<td>See Sch. G</td>
<td></td>
<td>5,000.00</td>
</tr>
<tr>
<td>Bonita, CA 91902</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguard Business Systems</td>
<td>GFC</td>
<td></td>
<td></td>
<td>112.78</td>
</tr>
<tr>
<td>Chicago, IL 60600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutton Law Firm</td>
<td>PRO</td>
<td></td>
<td></td>
<td>1,152.60</td>
</tr>
<tr>
<td>San Francisco, CA 94108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 30,104.89
2. Unitemized payments made this period of under $100 ......................................................................................... $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ....................... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 30,154.89

www.netfile.com
Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Del Mar Residents for Fairness, No on Measure R

I.D. NUMBER
1407876

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

DVP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

MBR member communications
MTC meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
prt print ads

RAD radio airline and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL l.v. or cable airline and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laturno Marketing LLC</td>
<td>WEB</td>
<td>See Sch. C</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Bonita, CA 91902</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Shepard &amp; Associates Inc.</td>
<td>CNS</td>
<td></td>
<td>5,043.60</td>
</tr>
<tr>
<td>San Diego, CA 92101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scott &amp; Cremin LLC</td>
<td>PRO</td>
<td></td>
<td>1,146.02</td>
</tr>
<tr>
<td>Anchorage, CA 92024</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laturno Marketing LLC</td>
<td>WEB</td>
<td></td>
<td>10,000.00</td>
</tr>
<tr>
<td>Bonita, CA 91902</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutton Law Firm</td>
<td>PRO</td>
<td></td>
<td>2,649.89</td>
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<tr>
<td>San Francisco, CA 94108</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $23,839.51
### Schedule F

**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

**Statement covers period**

- from ______/____/____
- through ______/____/____

**CALIFORNIA FORM 460**

**NAME OF FILER**

Del Mar Residents for Fairness, No on Measure R

**CODES:**
- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTO contribution (explain nonmonetary)*
- CEG civic donations
- FCL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTC meetings and appearances
- OOF office expenses
- PET petition circulating
- PHO phone banks
- PCL polling and survey research
- PCS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TNC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sperson
- WEB information technology costs (Internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott &amp; Croun LLP</td>
<td>PRO</td>
<td>0.00</td>
<td>850.00</td>
<td>850.00</td>
</tr>
<tr>
<td>Encinitas, CA 92024</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Shepard &amp; Associates Inc.</td>
<td>CNS</td>
<td>0.00</td>
<td>5,288.38</td>
<td>5,288.38</td>
</tr>
<tr>
<td>San Diego, CA 92101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aaron Thomas &amp; Associates Inc.</td>
<td>LIT Graphic Design</td>
<td>0.00</td>
<td>95.70</td>
<td>95.70</td>
</tr>
<tr>
<td>Chatsworth, CA 91311</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>6,234.08</td>
<td>0.00</td>
<td>6,234.08</td>
</tr>
</tbody>
</table>

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

   **INCURED TOTALS $**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   **PAID TOTALS $**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

   **NET $**

May be a negative number.
**Schedule F**  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/2018</td>
<td>460</td>
</tr>
<tr>
<td>through 03/22/2018</td>
<td>Page 9 of 30</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Del Mar Residents for Fairness, No or Measure R

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

- **CMP** campaign paraphernalia/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
- **MSR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **PCL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers’ salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRR** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **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  
(F COMMITTEE, ALSO ENTER I.D. 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 |
<table>
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<tbody>
<tr>
<td>Aaron Thomas &amp; Associates Inc.</td>
<td>CMP Graphic Design</td>
<td>0.00</td>
<td>95.70</td>
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<td>Chatsworth, CA 91311</td>
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<td>Sun Graphics Inc</td>
<td>CMP Yard Signs</td>
<td>0.00</td>
<td>2,577.38</td>
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<tr>
<td>San Diego, CA 92121</td>
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**SUBTOTALS $**

0.00 $  
2,673.08 $  
0.00 $  
2,673.08 $
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<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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<tbody>
<tr>
<td>Kellie Crawford</td>
<td>WEB</td>
<td></td>
<td>1,043.00</td>
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<tr>
<td>Rockville, MN 20850</td>
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Attach additional information on appropriately labeled continuation sheets.

TOTAL $ 1,043.00

* 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.