

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|---|---|
| Date Stamp RECEIVED Monterey County Registrar of Voters <i>[Signature]</i> OCT 25 2007 | CALIFORNIA 2001/02 FORM 460 |
| Monterey County Registrar of Voters 1 / 10 | |
| For Official Use Only | |

Statement covers period
from 09/23/2007
through 10/20/2007

Date of election if applicable:
(Month, Day, Year)
11/06/2007

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495 |

3. Committee Information

I.D. NUMBER
1300397

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Giffin For Harnell Trustee

STREET ADDRESS (NO P.O. BOX)
1658 Cambrian Drive

| | | | |
|---------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Salinas | CA | 93906-2208 | (831) 442 x3541 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1658 Cambrian Drive

| | | | |
|---------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Salinas | CA | 93906-2208 | |

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Mr. Christopher Steinbruner

MAILING ADDRESS
100 Clock Tower Place
Suite 120

| | | | |
|--------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Carmel | CA | 93923-8771 | (831) 625 x5111 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-24-07 By *[Signature]*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By *[Signature]*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page - Part 2

| | |
|--------------------|------------|
| CALIFORNIA FORM | 460 |
| 2 / 10 | |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mr. Richard Giffin

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: Community Colleague Board Trustee
Local 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1658 Cambrian Drive Salinas CA 93906-2208

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 to 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed 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 _____ through _____ | CALIFORNIA FORM 460 3 / 10 |
| | I.D. NUMBER 1300397 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Giffin For Hartnell Trustee

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 730.00 | \$ 730.00 |
| 2. Loans Received | Schedule B, Line 7 | 0.00 | 4000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 730.00 | \$ 4730.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | 730.00 | \$ 4730.00 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|------------------------------|------------------|-------------|
| 20. Contribution Received \$ | \$ | \$ |
| 21. Expenditures Made \$ | \$ | \$ |

Expenditures Made

| | | Column A | Column B |
|--|----------------------|------------|------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 1235.25 | \$ 3706.73 |
| 7. Loans Made | Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 1235.25 | \$ 3706.73 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 1959.17 | 1959.17 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 3194.42 | \$ 5665.90 |

**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 |
|--------------------------------|---------------|
| 11/06/2007 | \$ 5665.90 |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 1528.52 |
| 13. Cash Receipts | Column A, Line 3 above | 730.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| Cash Payments | Column A, Line 8 above | 1235.25 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1023.27 |
| If this is a termination statement, Line 16 must be zero. | | |
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |

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).

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 5959.17 |

*Since January 1, 2001. 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 _____ through _____ | CALIFORNIA FORM 460 4 / 10 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Giffin For Hartnell Trustee | I.D. Number 1300397 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 09/28/2007 | Christopher M. Mule, D.D.S., Inc. ID: _____ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 150.00 | 150.00 | 150.00 P 07 |
| Rcpt Dt: 09/28/2007 | Bernardina Maya ID: _____ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | 100.00 P 07 |
| Rcpt Dt: 09/28/2007 | Michael Payne ID: _____ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ag Management Retired | 100.00 | 100.00 | 100.00 P 07 |
| Rcpt Dt: 10/09/2007 | The Black Family Living Trust ID: _____ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | 100.00 P 07 |
| Rcpt Dt: 10/11/2007 | Marguerite Clark ID: _____ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | 100.00 P 07 |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

| | | |
|---|-----------------|--------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ | 650.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$ | 80.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 730.00 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|--|
| Statement covers period from _____ through _____ | CALIFORNIA FORM 460 5 / 10 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Giffin For Hartnell Trustee | I.D. Number 1300397 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/11/2007 | Adrienne M Noggle ID: _____ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed Self-employed | 100.00 | 100.00 | 100.00 P 07 |

| | |
|--------------------|--------|
| SUBTOTAL \$ | 650.00 |
|--------------------|--------|

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 _____ through _____ | CALIFORNIA FORM 460 |
| | 6 / 10 |
| I.D. NUMBER 1300397 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Giffin For Hartnell Trustee

| 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 |
|---|--|--|------------------------------------|--|--|----------------------------------|---|---|
| Mr. Richard P. Giffin ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agent Self Employed 3 | \$ 1000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 1000.00 08/24/2008 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 1000.00 08/24/2007 DATE INCURRED | CALENDAR YEAR \$ 4000.00 PER ELECTION** 4000.00 P 07 |
| Mr. Richard P. Giffin ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agent Self Employed 3 | \$ 3000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 3000.00 09/06/2008 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 3000.00 09/06/2007 DATE INCURRED | CALENDAR YEAR \$ 4000.00 PER ELECTION** 4000.00 P 07 |

SUBTOTALS \$ 0.00 \$ 0.00 \$ 4000.00 \$ 0.00

Schedule B Summary

1. Loans received this period. _____ \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ 0.00
(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 \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

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

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

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2
Loan Guarantors**

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

SCHEDULE B - PART 2

| | |
|--|--------------------------------|
| Statement covers period from _____ | CALIFORNIA FORM 460 |
| through _____ | |
| 7 / 10 | |
| NAME OF FILER Giffin For Hartnell Trustee | |
| I.D. Number 1300397 | |

SEE INSTRUCTIONS ON REVERSE

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|---|---|------------------------------------|-------------------------------|--|-----------------------------|
| Giffin For Hartnell Trustee ID: 1300397 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE 08/24/2007 | 0.00 | CALENDAR YEAR \$ 4000.00 PER ELECTION IF REQUIRED | 1000.00 |
| Giffin For Hartnell Trustee ID: 1300397 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE 09/06/2007 | 0.00 | CALENDAR YEAR \$ 4000.00 PER ELECTION IF REQUIRED | 3000.00 |

| | | |
|--------------------|------|--|
| SUBTOTAL \$ | 0.00 | Enter on Summary Page, Line 17 only. |
|--------------------|------|--|

**Schedule E
Payments Made**

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

| | |
|--|--------------------------------|
| Statement covers period from _____ through _____ | CALIFORNIA FORM 460 |
| | 8 / 10 |
| | I.D. NUMBER 1300397 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Giffin For Hartnell Trustee

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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Dunlap, Steinbruner & Lubow ID: | OFC | | Bookkeeping services | 199.00 |
| Martella Printing ID: | OFC | | Office Supplies | 951.25 |

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

SUBTOTAL \$ 1150.25

Schedule E Summary

| | | |
|--|-----------------|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 1150.25 |
| 2. Unitemized payments made this period of under \$100. | \$ | 85.00 |
| 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 \$ | 1235.25 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|---------------------------------------|--------------------------------|
| Statement covers period from _____ | CALIFORNIA FORM 460 |
| through _____ | |
| 9 / 10 | |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Giffin For Hartnell Trustee | I.D. NUMBER 1300397 |
|--|------------------------|

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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| COGS South ID: | PRT Advertising | 0.00 | 1495.52 | 0.00 | 1495.52 |
| Main Street Consulting ID: | OFC Reimbursement | 0.00 | 463.65 | 0.00 | 463.65 |

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

| | | | | |
|---------------------|---------|------------|---------|---------|
| SUBTOTALS \$ | 0.00 \$ | 1959.17 \$ | 0.00 \$ | 1959.17 |
|---------------------|---------|------------|---------|---------|

Schedule F Summary

- 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.)..... **INCURRED TOTALS \$** 1959.17
- 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 \$** 0.00
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$** 1959.17
May be a negative number.

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

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

SCHEDULE G

| | |
|---------------------------------------|----------------------------|
| Statement covers period from _____ | CALIFORNIA FORM 460 |
| through _____ | |
| 10 / 10 | |
| I.D. NUMBER 1300397 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Giffin For Hartnell Trustee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Main Street Consulting

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, email) |

* 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 |
|---|------|----|------------------------|-------------|
| USPS ID: | POS | | Postage | 410.00 |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |
| ID: | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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