

**Recipient Committee
Campaign Statement
Cover Page**

Type or print in ink

Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	Date of election if applicable <u>11/6/07</u>
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Date Stamp RECEIVED 2007 SEP 25 P 12:56	California Form 460 Page 1 of 1 For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

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

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 Pre-election
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain Below) | |

REGISTRATION OF VOTERS
MONTEREY COUNTY

3. Committee Information

I.D. NUMBER: **1294800**

COMMITTEE NAME
Friends of Fernando Elizondo

STREET ADDRESS (NO P.O. BOX)
1370 Byron Drive #20

CITY STATE ZIP CODE AREA CODE/PHONE
Salinas, CA 93901 831 / 424-4974

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 91

CITY STATE ZIP CODE AREA CODE/PHONE
Salinas, CA 93902-0091 831 / 424-4974

OPTIONAL: FAX / E-MAIL ADDRESS
Fax-831/424-4974; mtpayne@sbcglobal.net

Treasurer(s)

NAME OF TREASURER
Michael T. Payne

MAILING ADDRESS
1370 Byron Drive #20

CITY STATE ZIP CODE AREA CODE/PHONE
Salinas, CA 93901 831/424-4974

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
831/424-4974 mtpayne@sbcglobal.net

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 <u>9/23/07</u> DATE	By <u>[Signature]</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>9/23/07</u> DATE	By <u>[Signature]</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OR SPONSOR
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Date Prepared: 9/23/07

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

Type or print in ink

[Statement of Friends of Fernando Elizondo, I.D. #1294800, for period from 7/1/07 through 9/22/07]

Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Fernando R. Elizondo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Trustee, Monterey County Board of Education, Area 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

19635 Redding Drive Salinas, CA 93908

Related Committees Not Included in this Statement:

List any committees not included in this statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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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 OFFICHOLDER 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.

Statement covers period from: 7/1/07 through: 9/22/07	California Form 460 Page 1 of 1
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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	Column A Total This Period (From Attached Schedules)	Column B Calendar Year Total to Date
Contributions Received		
1. Monetary Contributions..... Schedule A, Line 3	\$3,273.00	\$9,839.00
2. Loans Received.....Schedule B, Part 1, Line 3	\$5,000.00	\$10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$8,273.00	\$19,839.00
4. Nonmonetary Contributions.....Schedule C, Line 3	\$507.63	\$507.63
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$8,780.63	\$20,346.63

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

1/1 Thru 6/30 7/1 to Date

20. Contributions Received Not/Applicable

21. Expenditures Made _____

Expenditures Made		
6. Payments Made..... Schedule E, Line 4	\$7,832.66	\$13,133.37
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$7,832.66	\$13,133.37
9. Accrued Expenses (Unpaid Bills).....Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustments.....Schedule C, Line 3	\$507.63	\$507.63
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$8,340.29	\$13,641.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limits)

Date of Election Total to Date
(mm/dd/yy)

____ / ____ / ____ Not/Applicable

Current Cash Statement		
12. Beginning Cash Balance.....Previous Summary Page, Line 16	\$6,265.29	
13. Cash Receipts.....Column A, Line 3 above	\$8,273.00	
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00	
15. Cash Payments.....Column A, Line 8 above	\$7,832.66	
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$6,705.63	

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 or 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 carryover the amounts from Lines 2, 7 and 9 (if any).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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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	\$10,000.00	

* Since January 1, 2001, Amount in this section may be different from amounts reported in Column B.

**FPPC SCHEDULE A
Monetary Contributions Received**

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

Statement covers period from: 7/1/07 through: 9/22/07	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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Schedule A Summary	
1. Amount received this period - contributions of \$100 or more. (Include all Schedule A page subtotals.).....	<u>\$2,850.00</u>
2. Amount received this period - unitemized contributions of less than \$100.....	<u>\$423.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<u>TOTAL \$3,273.00</u>

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

Date Recd	Full Name & Address of Contributor & FPPC # if a committee	Contributor Code	Occupation / Employer, if an individual	Amount this Period	Cummulative Amount YTD	Per Election To date
7/2/07	Delgado, Arturo _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Superintendent. Emp: San Bernardino City Unified School District.	\$100.00	\$100.00	Not Applicable
7/5/07	Vargas, Dr. Edward Lee _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Superintendent in Residence. Emp: Stupski Foundation.	\$100.00	\$100.00	Not Applicable
7/6/07	Kennedy, Mark _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Business Owner. Emp: Green Rubber-Kennedy Ag.	\$100.00	\$100.00	Not Applicable
7/17/07	Ferrante, Vincent C. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Retired Coach. Emp: Salinas Union High School District.	\$100.00	\$100.00	Not Applicable
7/20/07	Storm, Michael J. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Business Owner. Emp: Central Coast Cooling.	\$100.00	\$100.00	Not Applicable

FPPC SCHEDULE A (Continuation Sheet)
Montetary Contributions Received

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

Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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Date Recd	Full Name & Address of Contributor & FPPC # if a committee	Contributor Code	Occupation / Employer, if an individual	Amt this Period	Cum Amt YTD	Per Election To date
7/31/07	Lariviere, Ofelia C. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Administrative Director. Emp: Pomona Unified School District.	\$100.00	\$100.00	Not Applicable
8/8/07	Varea, Sonya _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: County Director. Emp: University of California Ag Extension Service.	\$50.00	\$100.00	Not Applicable
8/10/07	Benitez, Y. M. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Project Director. Emp: Los Angeles County Office of Education.	\$150.00	\$150.00	Not Applicable
8/10/07	Vargas, J. Paul _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: V.P. Government Relations. Emp: Pearson, Inc..	\$100.00	\$100.00	Not Applicable
8/11/07	Aguilar, Robert _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Business Owner. Emp: International Group.	\$100.00	\$300.00	Not Applicable
8/11/07	Alvarez, Ronni _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Chief Operations Officer. Emp: Alvarez Technology Group, Inc..	\$100.00	\$100.00	Not Applicable

FPPC SCHEDULE A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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Date Recd	Full Name & Address of Contributor & FPPC # if a committee	Contributor Code	Occupation / Employer, if an individual	Amt this Period	Cum Amt YTD	Per Election To date
8/11/07	PCM3, Inc. _____	<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	Not Applicable
8/17/07	Kasavan, Peter J. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Architect. Emp: Kasavan Architects.	\$500.00	\$500.00	Not Applicable
8/18/07	Esau Ruiz Herrera, Attorney at Law _____	<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	Not Applicable
8/18/07	Irving, Yvette Marie _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Program Director. Emp: Redwoods School District.	\$100.00	\$100.00	Not Applicable
8/18/07	Lo Monaco, Jr., Ignatius J. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Jeweller. Emp: Lo Monaco & Company.	\$100.00	\$100.00	Not Applicable
8/18/07	Trinity, Susan _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Hand Therapist. Emp: Trinity Hand Therapy, Inc..	\$200.00	\$200.00	Not Applicable

FPPC SCHEDULE A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from: 7/1/07
 through: 9/22/07

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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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<i>Date Recd</i>	<i>Full Name & Address of Contributor & FPPC # if a committee</i>	<i>Contributor Code</i>	<i>Occupation / Employer, if an individual</i>	<i>Amt this Period</i>	<i>Cum Amt YTD</i>	<i>Per Election To date</i>
9/8/07	Anaya, Alfonso R _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Retired Educator. Emp: None.	\$100.00	\$100.00	Not Applicable
9/8/07	Castruita, Rudy M. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Retired educator. Emp: None.	\$100.00	\$100.00	Not Applicable
9/8/07	Rivera, Joe _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Principal. Emp: Los Angeles County Office of Education.	\$200.00	\$200.00	Not Applicable
9/10/07	Guillen, Abel _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Financial Advisor. Emp: CFW, Inc..	\$200.00	\$200.00	Not Applicable
9/20/07	Harrell, Brett R. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Lawyer. Emp: The Nunes Company, Inc..	\$50.00	\$150.00	Not Applicable

TOTAL \$2,850.00

**FPPC SCHEDULE B - PART 1
Loans Received**

Type or print in ink.
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to whole dollars.

Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	California Form 460
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Schedule B Summary	
1. Loans received this period..... (Total Col (b) plus unitemized loans less than \$100.)	\$5,000.00
2. Loans paid or forgiven this period..... (Total Col (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)..... Enter the net here and on Summary Page, Col A, Line 2.	NET \$5,000.00 May be Negative

* 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

Full Name, Street Address and Zip of Lender. (If Committee, also enter ID number)	If an Individual, Occupation and Employer	(a) Outstanding Bal Beginning of Period	(b) Amount Received This Period	(c) Amt Repaid or Forgiven This Period *	(d) Outstanding Bal Close of Period	(e) Interest Paid This Period	(f) Original Amount of Loan	(g) Cum Contributions To Date
Elizondo, Fernando R. 19635 Redding Drive Salinas, CA 93908 [Campaign's Loan ID #1] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Consultant Emp: Elizondo Educational Strategies, Inc.	\$5,000.00	\$0.00	<input type="checkbox"/> Repaid \$0.00 <input type="checkbox"/> Forgiven \$0.00	\$5,000.00 No Due Date DUE DATE	0.0000% RATE \$0.00	\$5,000.00 1/30/07 Date Incurred	Calendar Year \$10,000.00 Per Election ** N/A
Elizondo, Fernando R. 19635 Redding Drive Salinas, CA 93908 [Campaign's Loan ID #2] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Consultant Emp: Elizondo Educational Strategies, Inc.	\$0.00	\$5,000.00	<input type="checkbox"/> Repaid \$0.00 <input type="checkbox"/> Forgiven \$0.00	\$5,000.00 No Due Date DUE DATE	0.0000% RATE \$0.00	\$5,000.00 9/18/07 Date Incurred	Calendar Year \$10,000.00 Per Election ** N/A
TOTALS			\$5,000.00	\$0.00	\$10,000.00	\$0.00		

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

**FPPC SCHEDULE E
Payments Made**

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

Statement covers period from: 7/1/07 through: 9/22/07	California Form 460 Page 1 of 3
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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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 membership 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 (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| 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) |

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E page subtotals.).....	\$7,535.99
2. Unitemized payments made this period of under \$100.....	\$296.67
3. Total interest paid this period on outstanding 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 \$7,832.66

Name and Address of Payee or Creditor (If Committee, also enter I.D. Number)	Code or	Description of Payment	Amount Paid
Wild Thyme Deli & Café	MBR Date Paid 7/13/07	Catering for Steering Committee Mtg 7/16/07 at Elizondo home.	\$224.42
Montrio Bistro	MTG Date Paid 7/14/07	Deposit for reservation for catered Meet & Greet event on 9/19.	\$200.00
Martella Printing	OFC Date Paid 7/18/07	Printing of 1,000 contribution envelopes.	\$184.49

**FPPC SCHEDULE E (Continuation Sheet)
Payments Made**

Type or print in ink.
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Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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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 membership 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 (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| 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 or Creditor (If Committee, also enter I.D. Number)	Code or	Description of Payment	Amount Paid
Express Printing _____	LIT Date Paid 7/20/07	Printing of 600 more campaign brochures.	\$518.87
Central Coast Sign Factory _____	CMP Date Paid 7/23/07	Design and manufacturing of campaign signs, 200 lawn & 12 billboard.	\$175.00
Monterey County Elections Department _____	FIL Date Paid 8/8/07	Filing fee paid with candidate statement for Voter Pamphlet.	\$1,065.00
Wild Thyme Deli & Café _____	MBR Date Paid 8/18/07	Catering for Steering Committee meeting at Elizondo home on 8/20/07.	\$169.70
Central Coast Sign Factory _____	CMP Date Paid 8/22/07	Design and manufacturing of campaign signs, 200 lawn & 12 billboard.	\$1,569.00

FPPC SCHEDULE E (Continuation Sheet)
Payments Made

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Statement covers period from: <u>7/1/07</u> through: <u>9/22/07</u>	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800

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 membership 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 (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| 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 or Creditor (If Committee, also enter I.D. Number)	Code or	Description of Payment	Amount Paid
Central Coast Sign Factory _____	CMP Date Paid 9/7/07	Design and manufacturing of campaign signs, 200 lawn & 12 billboard.	\$1,569.13
Netgirl Enterprises Web Design _____	WEB Date Paid 9/11/07	Work on campaign's website.	\$125.00
Main Street Consulting _____	CNS Date Paid 9/12/07	Communications consulting for campaign.	\$1,500.00
Montrio Bistro _____	MTG Date Paid 9/19/07	Catering for Meet & Greet the Candidate at Montrio Bistro 9/19/07. (Had paid an advance of \$200.00 when the reservation was made on 7/14/07.)	\$235.38

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

TOTAL \$7,535.99