

**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>9/23/07</u> through: <u>10/20/07</u>	Date of election if applicable <u>11/6/07</u>
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Date Stamp	California Form 460
RECEIVED	Page 1 of 1 For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

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

2. Type of Statement:

- Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment (Explain Below)

7001 OCT 24 A 10:30
RECEIVED
 REGISTERED VOTERS
 MERCED COUNTY
 Quarterly Statement
 Special-Odd-Year Report
 Supplemental Pre-election
 Statement - Attach Form 495

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

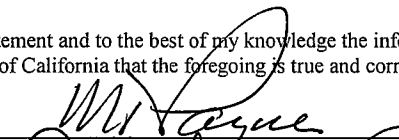
OPTIONAL: FAX / E-MAIL ADDRESS

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 10/22/07
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/22/07
DATE

By 
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: 10/22/07

**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 9/23/07 through 10/20/07]

Cover Page - Part 2

California
Form **460**
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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

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 candidates(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: 9/23/07 through: 10/20/07	California Form 460
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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	\$922.00	\$10,761.00
2. Loans Received..... Schedule B, Part 1, Line 3	\$0.00	\$10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$922.00	\$20,761.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$564.31	\$1,071.94
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$1,486.31	\$21,832.94

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	\$4,508.03	\$17,641.40
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$4,508.03	\$17,641.40
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$158.13	\$158.13
10. Nonmonetary Adjustments..... Schedule C, Line 3	\$564.31	\$1,071.94
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$5,230.47	\$18,871.47

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	\$6,705.63	
13. Cash Receipts..... Column A, Line 3 above	\$922.00	
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00	
15. Cash Payments..... Column A, Line 8 above	\$4,508.03	
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$3,119.60	

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	\$10,158.13	

* 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: **9/23/07**
through: **10/20/07**

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.).....	\$600.00
2. Amount received this period - unitemized contributions of less than \$100.....	\$322.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$922.00

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
9/25/07	Lowrey, Carol R. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Homemaker. Emp: None.	\$200.00	\$200.00	Not Applicable
9/28/07	Hammond, George _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Accountant. Emp: Hyatt.	\$100.00	\$100.00	Not Applicable
10/4/07	Elizondo, Gabriel _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: TV News Producer. Emp: Al Jazeera Network.	\$100.00	\$100.00	Not Applicable
10/16/07	Caballero, Anna M. _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Attorney. Emp: Center for Community Advocacyaq1.	\$100.00	\$100.00	Not Applicable
10/18/07	Rodrigues, Cliff _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: Retired. Emp: None.	\$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: 9/23/07 through: 10/20/07	California Form 460
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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>
				TOTAL	\$600.00	

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

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

Statement covers period from: 9/23/07 through: 10/20/07	California Form 460
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NAME OF FILER Friends of Fernando Elizondo	I.D. NUMBER 1294800
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Schedule B Summary	
1. Loans received this period..... (Total Col (b) plus unitemized loans less than \$100.)	\$0.00
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 \$0.00 <small>May be Negative</small>

* 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. [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. [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.	\$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 9/18/07 Date Incurred	Calendar Year \$10,000.00 Per Election ** N/A
TOTALS			\$0.00	\$0.00	\$10,000.00	\$0.00		

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

**FPPC SCHEDULE C
Nonmonetary Contributions Received**

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

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Schedule C Summary	
1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C page subtotals.).....	\$564.31
2. Amount received this period - unitemized nonmonetary contributions of less than \$100.....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 & 2. Enter here & on Summary Page, Col A, Lines 4 & 10.)..... TOTAL	\$564.31

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

Date Received	Full Name, Street Address and Zip Code of Contributor (& ID # if a committee)	Contributor Code	If an individual Occupation & Employer	Description of Goods or Services	Amount/ Fair Market Value	Cum to Date Calendar Yr	Per Election to Date (if required)
10/11/07	Haupt, John	<input checked="" type="checkbox"/> IND <input type="checkbox"/> CO <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occ: District Manager Emp: Blach Construction, Inc.	Food & related service fee & tax for Meet & Greet event at Corral de Tierra Country Club on 10/11/07.	\$564.31	\$564.31	N/A
TOTAL					\$564.31		

**FPPC SCHEDULE E
Payments Made**

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

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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.).....	\$4,363.92
2. Unitemized payments made this period of under \$100.....	\$144.11
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 \$4,508.03

Name and Address of Payee or Creditor (If Committee, also enter I.D. Number)	Code or	Description of Payment	Amount Paid
Abrego Print & Copy _____	LIT Date Paid 9/28/07	Printing of 15,000 brochures to be mailed to voters.	\$2,422.50
Leerae Design _____	LIT Date Paid 9/28/07	Design of brochure for mailing to voters.	\$450.00
Portobello's _____	MTG Date Paid 9/28/07	1/3 of catering for joint event with Christopher Cuda (for Spreckels School Bd) & Steve McShane (for Hartnell College Bd).	\$179.00

FPPC SCHEDULE E (Continuation Sheet)
Payments Made

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

Statement covers period from: 9/23/07 through: 10/20/07	California Form 460
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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
Abrego Print & Copy	LIT	Postage for mailers to voters 10/4/07, @ \$0.17637 each.	\$1,312.42
	Date Paid	10/1/07	

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

TOTAL \$4,363.92

**FPPC SCHEDULE F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from: 9/23/07 through: 10/20/07	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) |

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.).....	INCURRED TOTALS <u>\$158.13</u>
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 <u>\$0.00</u>
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 <u>\$158.13</u> <small>May be a negative number</small>

Name and Address of Creditor (If Committee, also enter ID 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	(d) Outstanding Balance At Close of This Period
Haupt, John	IND - Corkage fee, wine & service for 10/11/07 Meet & Greet event at Corral de Tierra Country Club. Reimbursement to Haupt for this, which he paid.	\$0.00	\$158.13	\$0.00	\$158.13
TOTALS		\$0.00	\$158.13	\$0.00	\$158.13

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