

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED Monterey County Registrar of Voters OCT 24 2007	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>9</u>	
For Official Use Only	

Statement covers period
from September 23, 2007
through October 20, 2007

Date of election if applicable:
(Month, Day, Year)
November 6, 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"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> 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"/> Preelection 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
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1300887

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lance for Water Board

STREET ADDRESS (NO P.O. BOX)

26452 Riverside Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Camel</u>	<u>CA</u>	<u>93923</u>	<u>1 831 626-3550</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

monosoff@redshift.com

Treasurer(s)

NAME OF TREASURER

Jennifer Lynn Cline

MAILING ADDRESS

P.O. Box 910

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Pacific Grove</u>	<u>CA</u>	<u>93950</u>	<u>1 831 372-8325</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 October 22, 2007
Date

Executed on October 22, 2007
Date

Executed on _____
Date

Executed on _____
Date

By Jennifer Lynn Cline
Signature of Treasurer or Assistant Treasurer

By Rene Monosoff
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lance Monosoff, Lance for Water Board

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Director, Division 5, Monterey Peninsula Water Management District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
MPWMD 5 Harris Court Monterey CA 93940

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? <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
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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 <u>September 23, 2007</u>	CALIFORNIA FORM 460
through <u>October 20, 2007</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1300887</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lance for Water Board

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>2249.00</u>	\$ <u>5601.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>(717.00)</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>1532.00</u>	\$ <u>5601.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1532.00</u>	\$ <u>5601.00</u>

**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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>4151.95</u>	\$ <u>5661.30</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>4151.95</u>	\$ <u>5661.30</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>650.00</u>	<u>650.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>4811.96</u>	\$ <u>6311.30</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2559.65</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>2249.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	
15. Cash Payments <i>Column A, Line 8 above</i>	<u>4151.95</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>656.70</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>650</u>

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).

*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 <u>September 23, 2007</u> through <u>October 20, 2007</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Lance for Water Board	I.D. NUMBER 1300887
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DATE RECEIVED	FULL NAME, STREET 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)
9/27/2007	Jon Stuefloten	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restoration Painting Self-employed	\$500.00	\$500.00	
10/01/2007	George & Judy Rilev	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/5/2007	John & Rita Dalessio	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00	\$200.00	
10/5/2007	Cynthia Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/5/2007	Molly Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper Drought Resistant Wholesale Nursery Carmel Valley, CA 93924	\$100.00	\$100.00	
SUBTOTAL \$				1000.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>1500.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>749.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>2249.00</u>

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>September 23, 2007</u> through <u>October 20, 2007</u>	CALIFORNIA FORM 460
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NAME OF FILER Lance for Water Board	I.D. NUMBER 1300887
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DATE RECEIVED	FULL NAME, STREET 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)
10/10/2007	Sean and Becky Flavin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney-Self 500 Camino El Estero Monterey, CA 93940	\$100.00	\$100.00	
10/15/2007	Neil Agron	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/15/2007	Alexander Henson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney-Self 13766 Center Street #27 Carmel Valley, CA 93924	\$100.00	\$100.00	
10/16/2007	Clayton & Linda Anderson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/19/2007	N. Pratt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Teacher	\$100.00	\$100.00	
SUBTOTAL \$				500.00		

*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 September 23, 2007
through October 20, 2007

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lance for Water Board

I.D. NUMBER

1300887

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
Lance Monosoff † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate Loan to Recipient Committee	\$ 717.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 717.00 <input type="checkbox"/> FORGIVEN \$	\$ 0 asap DATE DUE	% RATE \$	\$ 717.00 8/27/07 DATE INCURRED	CALENDAR YEAR \$ 5601.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$

SUBTOTALS \$ 0 \$ 717.00 \$ 0 \$ 0

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 717.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ (717.00)**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	September 23, 2007	
through	October 20, 2007	Page <u>7</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Lance for Water Board		1300887

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lance for Water Board

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ASAP Alisal Signs and Painting	CMP	Washington National Bank #3402369222 Check # 1005	\$660.07
AMS	LIT	Washington National Bank #3402369222 Check # 1009	\$2298.94
Lance Monosoff	LnPynt	Washington National Bank #3402369222 Check # 1011	\$517.00

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

SUBTOTAL \$ 3476.01

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	3944.14
2. Unitemized payments made this period of under \$100	\$	207.81
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	4151.95

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period from <u>September 23, 2007</u> through <u>October 20, 2007</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1300887

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lance for Water Board

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples	LIT	Washington National Bank #3402369222 Check # 1014	\$268.13
Lance Monosoff	LnPymt	Washington National Bank #3402369222 Check # 1015	\$200.00

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

SUBTOTAL \$ 468.13

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

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

Statement covers period from <u>September 23, 2007</u> through <u>October 20, 2007</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lance for Water Board

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, e-mail)

NAME AND ADDRESS OF 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	
ASAP Alisal Signs and Painting	CMP	\$660.07		\$660.07	0	
AMS	LIT		\$650.00		\$650.00	
		SUBTOTALS \$	660.07 \$	650.00 \$	\$660.07 \$	650.00

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

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 \$** 650.00
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 650.00
May be a negative number