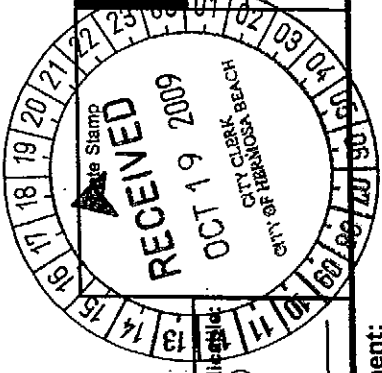


[COPY]

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE CALIFORNIA 460 2001/02 FORM



Date of election if applicable: 11/3/09

Statement covers period from 9/20/09 through 10/17/09

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee

2. Type of Statement: [X] Preselection Statement [] Semi-annual Statement [] Termination Statement [] Amendment (Explain below)

3. Committee Information I.D. NUMBER 1321418 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Howard Fishman for City Council 2009

Treasurer(s) NAME OF TREASURER Aaron Fishman MAILING ADDRESS 1133 7th Place

CITY Hermosa Beach CA STATE CA ZIP CODE 90254 AREA CODE/PHONE 310 372-6140

STREET ADDRESS (NO P.O. BOX) 1133 7th Place CITY Hermosa Beach CA STATE CA ZIP CODE 90254 AREA CODE/PHONE 310 372-6140

NAME OF ASSISTANT TREASURER, IF ANY Howard Fishman MAILING ADDRESS 1133 7th Place CITY Hermosa Beach CA STATE CA ZIP CODE 90254 AREA CODE/PHONE 310 372-6140

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1133 7th Place CITY Hermosa Beach CA STATE CA ZIP CODE 90254 AREA CODE/PHONE 310 372-6140

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 10/17/09 By Howard Fishman Signature of Treasurer or Assistant Treasurer

Campaign Disclosure Statement Summary Page

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

Statement covers period from 9/20/09 through 10/17/09

CALIFORNIA **460** FORM

Page _____ of _____

I.D. NUMBER 1321418

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Howard Fishman

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 \$ 16,539

21. Expenditures Made \$ 11,363

Column A	Column B
TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
\$ <u>4227</u>	\$ <u>12,345</u>
\$ <u>0</u>	\$ <u>3,784</u>
\$ <u>4,227</u>	\$ <u>16,129</u>
\$ <u>410</u>	\$ <u>410</u>
\$ <u>4,637</u>	\$ <u>16,539</u>

Contributions Received

1. Monetary Contributions Schedule A, Line 3 \$ 4227
2. Loans Received Schedule B, Line 3 \$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 4,227
4. Nonmonetary Contributions Schedule C, Line 3 \$ 410
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 4,637

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 5,966
7. Loans Made Schedule H, Line 3 \$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 5,966
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 410
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 410
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 6,376

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 Previous Summary Page, Line 16 \$ 6,915
 13. Cash Receipts Column A, Line 3 above \$ 4,227
 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0
 15. Cash Payments Column A, Line 8 above \$ 5,966
 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,176
- 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 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).

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

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

*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

CALIFORNIA
FORM
460

Statement covers period
from 9/20/09
through 10/17/09

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Howard Fishman

I.D. NUMBER

1321418

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)
10/1/09	JC Agajanian JR 2802 Tennyson PL Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Agajanian Arts	100.00		
10/12/09	Tom Dumbabin 2013 Vandersilt Lane C Redondo Beach CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not stated	250		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$	350	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,120
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 2,107
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4,227

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Statement covers period
from 9/20/09
through 10/17/09

CALIFORNIA **460**
FORM

Page of
I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Howard Fishman

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)	PERELECTION TO DATE (IF REQUIRED)
9/29/09	Alice Neuhauser 1466 11 St Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Kershner-Locke Co.	250		
9/29/09	David Towell 161 15th Court Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Engineer Not listed	100		
9/29/09	Ellen Burkhardt 21942 Seaside Lane Huntington Beh 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner Keystone Medical	100		
9/30/09	Don Wink 2465 Highline He Wink Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect	100		
10/17/09	Portia Cohen 401 10th St Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Person City of Manhattan MAYOR	100		
				SUBTOTAL \$	550	

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

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

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Howard Fishman

Page _____ of _____

I.D. NUMBER

132/418

Statement covers period
from 9/20/09
through 10/17/09

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)
9/24/09	John & Jennifer Sandoval 2011 Prospect Ave Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	100		
9/24/09	Gary Burrill 335 Hollowell Ave Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	movies Kona Cutting	100		
9/24/09	Noel Silverman 912 Sined Fairway Portsmouth VA 23701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker AON	100		
9/24/09	Lance Widman 1015 4th St Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator El Camino College	250		
9/24/09	Art Zueben 1609 Harkness St Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director LA Biomed	100		

SUBTOTAL \$ 650

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$

2. Amount received this period - unitemized monetary contributions of less than \$100 \$

3. 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
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Statement covers period
from 9/20/09
through 10/17/09

Page _____ of _____
I.D. NUMBER
1321418

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

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Howard Fishman

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)
9/24/09	Abel Ybarra 531 Pier Ave #25 Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic artist self-employed	100		
9/24/09	George Barks 711 No Prospect Redondo Beach CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Importer	100		
9/24/09	Peter Tucker 255 34 St Hermosa Beach CA 90284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Building Inspector City of Redondo Beach	170		
9/24/09	Richard Hogate 6782 Marietta Garden Grove CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Hogate Internet	100		
9/24/09	Sarkis Charellean 2420 W. 237 St Torrance CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
				SUBTOTAL \$	570	

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotal's.) \$ ~~_____~~

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ ~~_____~~

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

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

Statement covers period
 from 9/20/09
 through 10/17/09

Page _____ of _____
 I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Howard Fishman

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	
								CALENDAR YEAR	PER ELECTION**
Howard Fishman 1133 7th Place Hermosa Beach CA 90254 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed	\$ _____	\$ <u>0</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____	\$ <u>3,784</u> DATE INCURRED <u>5/5/09</u>	\$ _____ CALENDAR YEAR _____	\$ _____ PER ELECTION** _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____	\$ _____ DATE INCURRED _____	\$ _____ CALENDAR YEAR _____	\$ _____ PER ELECTION** _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____	\$ _____ DATE INCURRED _____	\$ _____ CALENDAR YEAR _____	\$ _____ PER ELECTION** _____
SUBTOTALS \$							\$ _____	\$ _____	\$ _____

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

Schedule B Summary

- Loans received this period \$ 0
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
 (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 \$** 0
 Enter the net here and on the Summary Page, Column A, Line 2.

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA
FORM
460

Statement covers period

from 9/20/09

through 10/17/09

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Howard Fishman

I.D. NUMBER

1321418

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/09	Sangria Restaurant 68 Pier Ave Hermosa Beach CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Buffet	200.00	200.00	
9/23/09	Stephen Sammarco 2304 Mathews Ave Redondo Beach CA 90278	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Sammarco Group	Beverage	210.00	210.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					410		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 410
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 410.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Statement covers period
from 9/20/09
through 10/17/09
Page of
I.D. NUMBER
1321418

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Howard Fishman

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

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	REF 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
FL 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
ND 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
LT 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
The Sammarco Group 2304 Matthews Ave Suite 4 Redondo Beach CA 90278	LIT		campaign literature/mailings	4,357.00
The Beach Reporter 400 S. Sepulveda Manhattan Beach CA 90266	PRT		Newspaper Ad	500.00
Howard Fishman 1133 7th PL Hermosa Beach CA 90254 (1321418)	LIT		Walk Pieces reimbursed payment (ps print)	262.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5,891
- Unitemized payments made this period of under \$100 \$ 75
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 5,966.

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

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

**CALIFORNIA 460
FORM**

Statement covers period
from 9/28/09
through 10/17/09

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Howard Fishman

I.D. NUMBER

1321418

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

- | | | | | | |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
| CMP | campaign paraphernalia/misc. | MEM | 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 | tv. 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
The Beach Reporter 400 S. Sepulveda Marina del Mar Beach CA 90266	PRT		Newspaper ad	664.00
Geoff Hirsch 531 Pier Ave Hermosa Beach CA 90254	CMP		Campaign paraphernalia	108.00

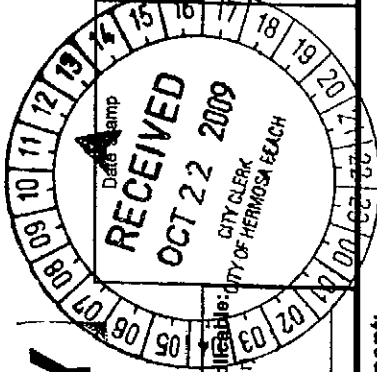
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 772.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



Date of election if applicable: _____ of _____
(Month, Day, Year) _____ For Official Use Only

Date of election if applicable: 11/03/09

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - Ballot Measure Committee
 - State Candidate Election Committee
 - Primarily Formed
 - Recall (Also Complete Part 5)
 - Controlled
 - Sponsored
 - Sponsored (Also Complete Part 6)
 - General Purpose Committee
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
 - Small Contributor Committee
 - Political Party/Central Committee

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Christopher Reed for City Council 2009

I.D. NUMBER _____

STREET ADDRESS (NO P.O. BOX)
1146 7th Pl

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Hermosa Beach CA 90254 3104066216

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Christopher Reed

MAILING ADDRESS
1146 7th Pl

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Hermosa Beach CA 90254 3104066216

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 10/22/09 Date
By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Reed

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of City Council, City of Hermosa Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1146 7th Pl, Hermosa Beach, CA 90254

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 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed 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 9/20/09
through 10/17/09

CALIFORNIA
FORM
460

Page _____ of _____
I.D. NUMBER
Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christopher Reed

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received:			
1. Monetary Contributions	Schedule A, Line 3	\$ 200	\$ 700
2. Loans Received	Schedule B, Line 3	0	688
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 200	\$ 1388
4. Nonmonetary Contributions	Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 200	\$ 1388

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Expenditures Made			
6. Payments Made	Schedule E, Line 4	\$ 285	\$ 933
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 285	\$ 933
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 285	\$ 933

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Current Cash Statement			
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 539	\$ _____
13. Cash Receipts	Column A, Line 3 above	200	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0	\$ _____
15. Cash Payments	Column A, Line 8 above	285	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 454	\$ _____
<i>If this is a termination statement, Line 16 must be zero.</i>			

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	\$ _____
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse	\$ 454	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 688	\$ _____

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

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

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

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).

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period

from 9/20/09

through 10/17/09

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

Christopher Reed

Pending

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)
10/1/09	Philip Austin, 215 N. Robson, Mesa, AZ 85201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Law Offices of Philip Austin	200	200	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 200

2. Amount received this period - unitemized contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 200

*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.

**CALIFORNIA
FORM 460**

Statement covers period
from 9/20/09
through 10/17/09

Page _____ of _____
I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

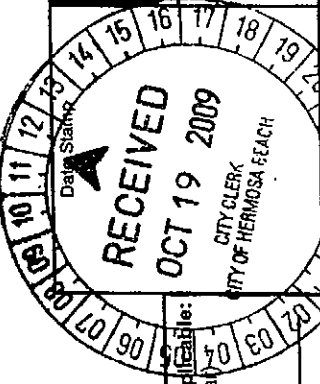
Christopher Reed		Pending						
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID 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
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION **
Christopher Reed, 1146 7th Pl, Hermosa Beach, CA 90254	Self-Employed, Finance	\$ 688	\$ 0	<input checked="" type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN	12/1/09	0 %	9/15/09	\$ 688 PER ELECTION ** \$ 688
<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	_____ %	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	_____ %	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
		SUBTOTALS \$		\$		\$		

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

*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



Date of election if applicable (Month, Day, Year) 11/3/09
 Statement covers period from 9/20/09 through 10/17/09
 Page 1 of
 For Official Use Only

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

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Preelection Statement - Attach Form 495
 - Amendment (Explain below)

3. Committee Information
 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-elect Michael Keegan for City Council '09
 STREET ADDRESS (NO P.O. BOX)
704 7th St
 CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
704 7th St
 CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE

Treasurer(s)
 NAME OF TREASURER
Michael Keegan
 MAILING ADDRESS
704 7th St
 CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE
 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 10/21/09 By Michael Keegan
 Date Signature of Treasurer or Assistant Treasurer

Executed on _____ By _____
 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.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Keegan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council - Hermosa Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
704 - 7725 St Hermosa Beach CA 90254

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. Primarily Formed 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 Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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)
9/28/09	Agajanian - Saemann 120 Loma Drive Hermosa Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jay Agajanian Rob Saemann PROPERTY MANAGERS/INVESTORS	250.00		
9/25/09	Mike Schwelof 549 Manhattan Ave. Hermosa Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediator	100.00		
9/25/09	George Smeltzer 275 Valley Drive Hermosa Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/1/09	Michael Andersen 78505 Old Ave. 52 LA Quinta, CA 90253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager	100.00		
10/5/09	Leahy Associates 8929 Wilshire Blvd #600 Beverly Hills, CA 90211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prop Mgt. Company	250.00		
				SUBTOTAL \$	800.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
10/1/09	Teff Gleason 916 - 3rd St. Hermosa Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager	100.00		
10/1/09	Rob Seltzer 959 Swilshire Blvd. 1000 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant	100.00		
10/1/09	Bell Cab Mgt Ave 13030 Cerise Ave Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Cain President	250.00		
				SUBTOTAL \$ <u>450.00</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

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

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

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)
10/9/09	Ray + June Johnson 1504 Second Street Manhattan Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer/ Housewife	300.00		
10/14/09	LA League of Conservation Voters - LALCV 9112 C.E. Fairview Ave San Gabriel, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Group	250.00		
10/8/09	Clean Street, Inc. 1937 W. 169th Sardena, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jere Costello President	100.00		
10/9/09	Harold William 20113 Belshaw Ave. Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer	100.00		
10/5/09	Charlie Swartz 677 Robie Ct. Pasadena, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prattman	250.00		
SUBTOTAL \$				1000		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A Summary
 1. Amount received this period - itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 2,250.00
 2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 611.00
 3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,861.00

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

**Schedule B - Part 1
Loans Received**

**CALIFORNIA 460
FORM**

Statement covers period
from 9/20/09
through 10/17/09
Page 6 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER		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
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				\$	\$	\$	\$	\$	\$	\$
Re-elect Michael Keegan City Council 109 Michael Keegan <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Manager Manager		\$ 5261.13	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5261.13	0	\$ 5261.13	\$
Michael Keegan <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	\$		\$	\$
Michael Keegan <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	\$		\$	\$
SUBTOTALS \$ \$ \$ \$ \$ \$										

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

¹Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

**Schedule E
Payments Made**

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

**CALIFORNIA 460
FORM**

Statement covers period
from 9/26/09
through 10/17/09

Page 7 of
I.D. NUMBER
1320609

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ret Lect Michael Keegan to City Council '09

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
FRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Campaign LA</u>	<u>CMP</u>		<u>Sign materials</u>	<u>97.50</u>
<u>Manhattan Repro</u>	<u>LIT</u>		<u>Printing</u>	<u>478.51</u>
<u>Spinner 28 Desktop Arts</u>	<u>LIT</u>		<u>Graphics work</u>	<u>350.00</u>
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				<u>926.01</u>

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 926.01
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 926.01

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 9/20/09
through 10/17/09

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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 \$ 0 \$ 8,122.13
21. Expenditures Made \$ 0 \$ 926.01

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<u>2,811.00</u>	<u>2,861.00</u>
2. Loans Received	<u>0</u>	<u>5261.13</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>2,811.00</u>	<u>0</u>
4. Nonmonetary Contributions	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>2,811.00</u>	<u>8,122.13</u>

Expenditures Made

6. Payments Made	\$
7. Loans Made	\$
8. SUBTOTAL CASH PAYMENTS	\$
9. Accrued Expenses (Unpaid Bills)	\$
10. Nonmonetary Adjustment	\$
11. TOTAL EXPENDITURES MADE	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date _____
\$ _____ \$ _____

Current Cash Statement

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

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 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).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$
18. Cash Equivalents	See instructions on reverse	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$

Cash Equivalents and Outstanding Debts

*Amounts in this section may be different from amounts reported in Column B.

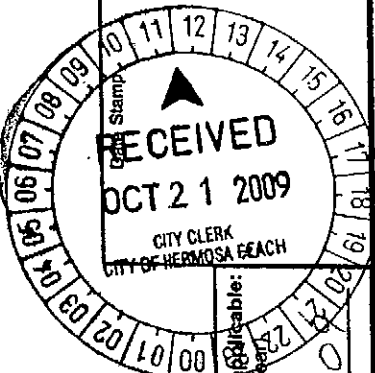
**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

CALIFORNIA
2001/02
FORM

COVER PAGE

Page 1 of 9
For Official Use Only



Type or print in ink.

Statement covers period
from 092009
through 101709

Date of election if applicable:
(Month, Day, Year)
11-3-07

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009
STREET ADDRESS (NO P.O. BOX)
1932 AVA AVENUE
CITY HERMOSA BEACH, CA STATE CA ZIP CODE 90254 AREA CODE/PHONE 310.513.2766
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER
LAWRENCE O. FOX
MAILING ADDRESS
615 ESPANAOE UNIT 604
CITY HERMOSA BEACH, CA STATE CA ZIP CODE 90277 AREA CODE/PHONE 310.543.2766
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 10-20-09 Date
Executed on 10-20-09 Date
Executed on _____ Date
Executed on _____ Date

By Lawrence O. Fox Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 9

6. Primarily Formed Ballot Measure Committee

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JEFF DUCLOS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
HERMOSA BEACH CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1932 AVA AVENUE HERMOSA BEACH CA 90954

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

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

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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

CALIFORNIA
FORM **460**

Statement covers period

from 092009

through 101709

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LAWRENCE O FOX TREASURER FRIENDS OF JEFF DUCAS CITY COUNCIL 2009

I.D. NUMBER

1319355

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	\$ <u>1300.00</u>	\$ <u>5000.16</u>
21. Expenditures Made	\$ <u>1300.00</u>	\$ <u>6300.16</u>
Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<u>1300.00</u>	<u>6300.16</u>
Column B CALENDAR YEAR TOTAL TO DATE	<u>1300.00</u>	<u>6300.16</u>

Contributions Received

1. Monetary Contributions	Schedule A, Line 3	\$ <u>1300.00</u>
2. Loans Received	Schedule B, Line 3	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1300.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1300.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>1000.00</u>
7. Loans Made	Schedule H, Line 3	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1000.00</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>1000.00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>1877.12</u>
13. Cash Receipts	Column A, Line 3 above	<u>1300.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0</u>
15. Cash Payments	Column A, Line 8 above	<u>1000.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2177.12</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

Cash Equivalents and Outstanding Debts

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	_____ / _____ / _____
	\$ _____
	\$ _____

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).

*Amounts in this section may be different from amounts reported in Column B.

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

Schedule A
Monetary Contributions Received

Statement covers period
from 092009
through 101709

Page 4 of 9
I.D. NUMBER
1319355

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DACLOS CITY COUNCIL 2009

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)
100809	TRAYERS PEVINE CLEFT PIPES BY PRISH CLEFT 2104A HUNTINGTON LAINE REVONDO BEACH, CA 90278	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
092009	DEMICY L. NELSON 2415 SILVER STRAND AVE HERMOSA BEACH, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STAGE DIRECTOR DEMICY L. NELSON	50.00	50.00	50.00
092409	ALYSE LAEMMLE 2840 THE STRAND HERMOSA BEACH, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	25.00	25.00	25.00
092109	SWEDISH PRO-TECH 2100 PACIFIC COAST HIGHWAY HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
092909	SHIRLEY D. CASSELL 611 MONTEREY BLVD HERMOSA BEACH, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	25.00	25.00	25.00

SUBTOTAL \$ 450.00

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1300.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1300.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**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 092009
through 101709

CALIFORNIA
FORM
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Page 5 of 9

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)
	NAME OF FILER: <u>LAWRENCE D. FOX TREASURER FRIENDS OF VEEFF QUELOS CITY COUNCIL 2009</u>					
	I.D. NUMBER: <u>1319355</u>					
092209	ANTHONY R. SHERNA 1-1037 KUHINA ST AWA BEACH, HI 96706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	250.00	250.00
092109	RALPH'S SHOPPING CENTER P.O. BOX 282 RECONDO BEACH, CA 90877	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
160709	WILBERKEY LEVEL FOUR BUSINESS MANAGEMENT 1812 SAN VICENTE 4TH FLOOR, LOS ANGELES, 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
101509	GRETCHEN V. KARPOWICH 590 20TH STREET HERNIMOSA BEACH, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00	25.00	25.00
100109	JOSEPH SEEVER 8117 W. MANCHESTER AVE # 297, PLAYA DEL REY, CA 90239	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REGIONAL MANAGER SUNFRIEVER FOUNDATION	25.00	25.00	25.00
				SUBTOTAL \$ 800.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
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.

Statement covers period
from 092009
through 101709
Page 6 of 9

NAME OF FILER
LAWRENCE O. FOX TREASURER FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009
I.D. NUMBER
1319355

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)
100609	LYDIA ORTIZ 319 PALOS VERDES BLVD #412 REDONDO BEACH, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00	50.00	50.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 50.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

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

**CALIFORNIA 460
FORM**

Statement covers period
from 092009
through 101109
Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LAWRENCE O FOX TREASURER FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009

I.D. NUMBER

1319355

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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	CALENDAR YEAR
			\$ 5000.16	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000.16	%	\$	\$	PER ELECTION**
			\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	\$	PER ELECTION**
			\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	\$	PER ELECTION**
SUBTOTALS \$ 0 \$ 5000.16 \$										

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

CALIFORNIA
FORM
460

Statement covers period
from 09 26 09
through 10 17 09

Page 8 of 9

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1319355

LAWRENCE O. FOX TEHSUREK FRIENDS OF VEEF DUCOS FOR CITY COUNCIL 2009

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 0

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

..... \$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

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

Statement covers period
from 042009

through 101709 Page 9 of 9
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LAWRENCE O. FOX TREASURER FRIENDS OF VEEF DUCKS CITY COUNCIL 2009

1319355

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

- CAF campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LAWRENCE O. FOX 615 ESPERANHO UNIT 604 MELBURN BEACH, CA 94917	CNS		CONTRACTING FEE	1000.00
			SUBTOTAL \$	1000.00

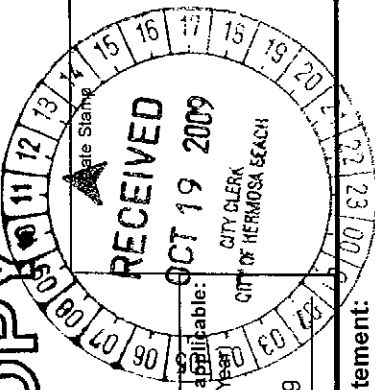
Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1000.00
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1000.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY



Type or print in ink.

Statement covers period
from 09-20-09
through 10-17-09

Date of election if applicable:
(Month, Day, Year) 11-03-09
CITY CLERK
CITY OF HERMOSA BEACH

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1319756

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Midstokke for Council 2009

Treasurer(s)

NAME OF TREASURER
Kathleen L. Midstokke

MAILING ADDRESS
1101 Second Street

MAILING ADDRESS
1101 Second Street

STREET ADDRESS (NO P.O. BOX)
1101 Second Street

CITY
Hermosa Beach

STATE
CA

ZIP CODE
90254

STATE
CA

ZIP CODE
90254

AREA CODE/PHONE
(310) 937-3417

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 933

MAILING ADDRESS

CITY
Hermosa Beach

STATE
CA

STATE
CA

ZIP CODE
90254

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
midstokke4hbcc.com; midstokke4hbcc@aol.com

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 Oct. 19, 2009

Date

Executed on Oct. 19, 2009

Date

Executed on _____

Date

Executed on _____

Date

By Kathleen L. Midstokke

Signature of Treasurer or Assistant Treasurer

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathleen L. Midstokke

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Hermosa Beach City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1101 Second Street Hermosa Beach CA 90254

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

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 09-20-09
through 10-17-09

CALIFORNIA
FORM **460**

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Midstokke for Council 2009

I.D. NUMBER
1319756

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 422.00	\$ 671.00
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 422.00	\$ 671.00
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 422.00	\$ 671.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 526.93	\$ 653.93
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 526.93	\$ 653.93
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	
10. Nonmonetary Adjustment	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 526.93	\$ 653.93

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 122.00
13. Cash Receipts	Column A, Line 3 above 422.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4
15. Cash Payments	Column A, Line 8 above 526.93
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 17.07

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	See instructions on reverse \$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	/ /	\$
	/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

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).

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 09-20-09
through 10-17-09

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Midstokke for Council 2009

I.D. NUMBER
1319756

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 422.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 422.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Statement covers period
from 09-20-09
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1319756

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends of Midstokke for Council 2009

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
Campaign L.A. 17211 South Broadway Gardena, CA 90248	CMP		Signs	\$330.00
SUBTOTAL \$				330.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 330.00
- Unitemized payments made this period of under \$100 \$ 196.93
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 526.93**