Recipient Committee							COVER PAGE
Campaign Statement Cover Page				Type or print in	ink.	RECEIVED	CALIFORNIA 460
(Go	overnment Code Sections 84200-84216.5)		Sta	April 1, 2009	Date of election if applicable: (Month, Day, Year)	AUG 2 4 2009	Page 1 of 6 For Official Use Only
SE	E INSTRUCTIONS ON REVERSE		through	June 30, 2009	0	CEANSIDE CITY CLEI	RK
1.	Type of Recipient Committee: All	Committees	- Complete Par	ts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee			Committee Controll Sponso (Also Complete	ored Part 6) primed Candidate/ or Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain t Corrected name of file	t S Sermination) S pelow)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3.	Committee Information		1.D. NUMBER 1315209		Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF	NO COMMIT			NAME OF TREASURER		
	Citizens to recall Kern for Fair and	Balanceo	Governmen	nt sponsored	Christine Gow		
	by Oceanside Fire Fighters Associ			поролюбио	MAILING ADDRESS		
					122 Sherri Lane		
	STREET ADDRESS (NO P.O. BOX) 900 N. Cleveland Street, #159				CITY Oceanside	A STATISTICAL CONTRACTOR OF THE PARTY OF THE	P CODE AREA CODE/PHONE 2054 760-433-1077
	Oceanside		P CODE 2054	AREA CODE/PHONE (760)529-0777	NAME OF ASSISTANT TREASU	IRER, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND S		70 F T T T T T T T T T T T T T T T T T T	(100)323-0111	MAILING ADDRESS		
	P.O. Box 1848				MALLING ADDITION		
		STATE Z	IP CODE	AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
	Oceanside	CA 9	2051-1848				
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADD	RESS	
4.	Verification						
	I have used all reasonable diligence in prepar				owledge the information contained he	erein and in the attached sch	edules is true and complete. I certify
	under penalty of perjury under the laws of the	State of Cal	ifornia that the f	oregoing is true and correct.	1.1.		
	Executed onAugust 24, 200)9		ву	Signature of Treasurer or Assistan	it Treasurer	
	Executed on			BySignature of Co	ontrolling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Spon	isor
	Executed onDate		•	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed on			Ву			
	Data				Signature of Controlling Officeholder, Candidate.	State Measure Proponent	EDDC Form 460 (lanuary/05)

		ormed Ballot Measure	Committee		
	NAME OF BALLO	OT MEASURE			
	CITIZENS	TO RECALL KERN FO	R FAIR AND BALA	NCED GOVT.	
D DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OF	LETTER JURISDICT	ION	☑ SUPPORT	
		OCEAN	SIDE	OPPOSE	
ET) CITY STATE ZIP	Identify the	controlling officeholder, ca	andidate, or state me	asure proponent, if an	
	NAME OF OFFI	CEHOLDER, CANDIDATE, OR P	ROPONENT		
by you or are primarily formed to receive	OFFICE SOUGH	HT OR HELD	DISTRIC	CT NO. IF ANY	
I.D. NUMBER					
	7. Primarily F	ormed Candidate/Offi	ceholder Commit	tee List names of	
□ YES □ NO	officeholder(s) or candidate(s) for which th	nis committee is primar	ily formed.	
NO P.O. BOX)	NAME OF OFFI	CEHOLDER OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE	
ZIP CODE AREA CODE/PHONE	NAME OF OFFI	CEHOLDER OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE	
I.D. NUMBER	NAME OF OFFI	CEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD		
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUR		OFFICE SOLICUT OR	T OR HELD GURDOOT	
CONTROLLED COMMITTEE?	NAME OF OFFI	CENOLDER OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT	
	chis Statement: List any committees I by you or are primarily formed to receive your candidacy. I.D. NUMBER	D DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OF Identify the of NAME OF OFFI Chis Statement: List any committees I by you or are primarily formed to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER BALLOT NO. OF Identify the of NAME OF OFFI NAME OF OFFI NAME OF OFFI	D DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICT OCEAN Identify the controlling officeholder, cannot be controlled to receive your candidacy. I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO P.O. BOX) BALLOT NO. OR LETTER JURISDICT OCEAN Identify the controlling officeholder, cannot be controlled officeholder, cannot be controlled officeholder. NAME OF OFFICEHOLDER, CANDIDATE, OR P. OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/Officeholder(s) or candidate(s) for which the controlling officeholder. NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	Identify the controlling officeholder, candidate, or state me NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Controlled committees District District	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period April 1, 2009

SEE INSTRUCTIONS ON REVERSE					through .	June 30, 2009	Page of	
NAME OF FILER Citizens to recall Kern for Fair and Balanced Government sponsor	orec	I by Oceanside Fire	Figh	ters Assoc			I.D. NUMBER 1315209	
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		i igi	Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	20,413.00 0 20,413.00 0 20,413.00	\$ \$	25,8	0 384.00 0 384.00	20. Contributions Received \$	\$	
Expenditures Made 6. Payments Made	\$	20,073.85 0 20,073.85 <37.00> 0 20,110.85	\$	25,	519.85 0 519.85 523.91 0 043.76	Candidates 22. Cumulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date \$	
Current Cash Statement 12. Beginning Cash Balance		25.00 20,413.00 0 20,073.85 354.15	ar co	o calculate Columnounts in Columnounts in Column B of port. Some an olumn A may be pures that should be racted from arriod amounts.	nn A to the mounts of your last nounts in e negative ald be previous If this is	*Amounts in this section reported in Column B.	\$may be different from amounts	
17. LOAN GUARANTEES RECEIVED	\$	0	fo ca fr	e first report or this calendar arry over the a om Lines 2, 7, hy).	year, only mounts	FPPC Toll-Free Helpl	FPPC Form 460 (January/ine: 866/ASK-FPPC (866/275-37	

Schedule A

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

SCHEDULE A Statement covers period CALIFORNIA April 1, 2009 **FORM** June 30, 2009

Monetary Contributions Received from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Citizens to recall Kern for Fair and Balanced Government sponsored by Oceanside Fire Fighters Assoc. PAC #923161 1315209

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)
04/03/09	Oceanside Fire Fighters Association PAC P.O. Box 537 #923161 Oceanside, CA. 92049	□IND ☑COM □OTH □PTY □SCC		5,000.00	5,000.00	
04/11/09	Dr. Michael Byron 1715 S. Nevada Street Oceanside, CA. 92054	☑IND □COM □OTH □PTY □SCC	Doctor	125.00	125.00	
04/18/09	Oceanside Fire Fighters Association PAC P.O. Box 537 #923161 Oceanside, CA. 92049	□IND ☑COM □OTH □PTY □SCC		10,000.00	10,000.00	
04/20/09	Oceanside Fire Fighters Association PAC P.O. Box 537 #923161 Oceanside, CA. 92049	□IND ☑COM □OTH □PTY □SCC		5,000.00	5,000.00	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTALS	20,125.00		
chedule	A Summary				(*Contributor (ados.

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 20,125.00 288.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 20,413.00

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period fromApril 1, 2009	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE		throughJune 30, 2009	Page56
NAME OF FILER			I.D. NUMBER
Citizens to recall Kern for Fair and Balance	ed Government sponsored by Oceanside Fire Fighters	Assoc. PAC #923161	1315209
CODES: If one of the following codes accur	rately describes the payment, you may enter the code	. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	costs

OFC office expenses

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		lating survey reservery and r	erch nessenger services egal, accounting)	TEL TRC TRS TSF VOT WEB	campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and me transfer between committees of the voter registration information technology costs (intern	als same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
The La Jolla Group 8304 Clairemont Mesa Blvd. Suite 213 San Diego, CA. 92111-1315		PET					\$20,000.00
* Payments that are contributions or independent expenditures mu	ıst also be summ	arized on	Schedule D.		SUBTOTA	AL\$	20,000.00
Schedule E Summary							221 1919 37 192
1. Itemized payments made this period. (Include all Schedule E	subtotals.)					;	20,000.00
2. Unitemized payments made this period of under \$100					,	;	73.85
3. Total interest paid this period on loans. (Enter amount from S	chedule B, Part	1, Colum	n (e).)		9	S	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Ent							20,073.85

SAL campaign workers' salaries

			SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from April 1, 2009	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		throughJune 30, 2009	Page 6 of 6
NAME OF FILER			I.D. NUMBER
Citizens to recall Kern for Fair and Balanced Government	nent sponsored by Oceanside Fire Fighters A	ssoc. PAC #923161	1315209
CODES: If one of the following codes accurately des	scribes the payment, you may enter the coo	de. Otherwise, describe the paymen	it.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	
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 prod	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an	d meals

POS postage, delivery and messenger services

POL polling and survey research

LEG legal defense LIT campaign literature and mailings	PRO professional services (PRT print ads		VOT voter registration 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		
Debra Mastro 221 N. El Camino Real #20 Oceanside, CA. 92057	P.O. Box Rental	37.00	0	37.00	0		
Jim Sullivan 900 N. Cleveland St. #159 Oceanside, CA. 92054	PRT	523.91	0	0	523.91		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 560.91	\$ 0	\$ 37.00	\$ 523.91		

Schedule F Summary

fundraising events

independent expenditure supporting/opposing others (explain)*

IND

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.)	0
 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.) 	37.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<37.00>

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	RECEIV	James 1 S. C.	COVER PAGE LIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from April 1, 2009	Date of election if applicable: (Month, Day, Year)	AUG 20 7		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughJune 30, 2009				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	- Complete Parts 1, 2, 3, and 4. ☐ Primarily Formed Ballot Measure Committee ☐ Controlled ⑤ Sponsored (Also Complete Part 6) ☐ Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	w)	Supplementa Statement - /	-Year Report al Preelection Attach Form 495
Small Contributor Committee Political Party/Central Committee 3. Committee Information	(Also Complete Part 7)	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT Citizens to recall Kern for Fair and Balanced by Oceanside Firefighters Association PAC # STREET ADDRESS (NO P.O. BOX)	Government sponsored	Christine Gow MAILING ADDRESS 122 Sherri Lane	STATE	ZIP CODE	AREA CODE/PHONE
	P CODE AREA CODE/PHONE (760) 758-1399	Oceanside NAME OF ASSISTANT TREASURER MAILING ADDRESS	CA R, IF ANY	92054	(760) 433-1077
P. O. Box 1848	P CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRES	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and revie under penalty of perjury under the laws of the State of Calif Executed on	ornia that the foregoing is true and correct. By	Signature of Treasurer or Assistant Tree) asurer		ue and complete. I certify

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ball	ot Measure	Committee	1	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			CITIZENS TO RECALL	KERN FOR	R FAIR AND	BALANCED	GOVT.
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS'	FRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	Ø	SUPPORT
				OCEANS	SIDE		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	tate measure p	roponent, if ar
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	
NAME OF TREASURER	CONTROLLED COMMITTEE?		HAME OF OFFICE HOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from April 1, 2009

through June 30, 2009

LD. NUMBER

1315209

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens to recall Kern for Fair and Balanced Government sponsored by Oceanside Fire Fighters Assoc. 1315209 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 20,413.00 25.884.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 0 20,413.00 25,884.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 20,889.00 20.889.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 41,302.00 46,773.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 25,519.85 20,073.85 Candidates 6. Payments Made Schedule E, Line 4 22. Cumulative Expenditures Made* 20,073.85 25,519.85 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) <37.00> 523.91 Date of Election Total to Date (mm/dd/yy) 20.889.00 20.889.00 40.925.85 46,932.76 Current Cash Statement 25.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 20,413.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 20,073.85 15. Cash Payments Column A, Line 8 above Column A may be negative 354.15 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedul Nonmor	e C netary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from April 1, 2009		CALIFO FOR		
SEE INSTRUCT	TIONS ON REVERSE				throug	h June 30,	2009	Page	4 of4
NAME OF FILE								I.D. NUMBE	ER
Citizens t	to recall Kern for Fair and Balanced Govern	ment sponsor	ed by Oceanside Fire Fig	hters Assoc.				1315209	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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
06/25/09	Oceanside Firefighters Association Pac P.O. Box 537 Oceanside, CA. 92049	□IND □COM □OTH □PTY □SCC		Signed petitio	gned petitions 20,889.00		20,	889.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL\$	20,889.00			
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$	20,889.00	IND	ntributor Cod - Individual M - Recipient	

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

3. Total nonmonetary contributions received this period.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

20,889.00

(other than PTY or SCC) OTH – Other (e.g., business entity)

SCC - Small Contributor Committee