

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

10:31 '12 AM 08:56 city of IW

COVER PAGE

Date Stamp

CALIFORNIA
FORM **460**

Page 1 of 25

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>10/01/2012</u>	<u>11/06/2012</u>
through <u>10/20/2012</u>	

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1347711

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

REED FOR COUNCIL, 2012

STREET ADDRESS (NO P.O. BOX)

46-146 EAST ELDORADO DR.
CITY STATE ZIP CODE AREA CODE/PHONE

INDIAN WELLS, CA 92210 (213) 624-6200

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

3699 WILSHIRE BLVD., SUITE 1290
CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 623-1692

Treasurer(s)

NAME OF TREASURER

CARY DAVIDSON
MAILING ADDRESS

3699 WILSHIRE BLVD., SUITE 1290
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90010 (213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY

DANIEL ABRAMSON
MAILING ADDRESS

3699 WILSHIRE BLVD., SUITE 1290
CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 624-6200

4. Verification

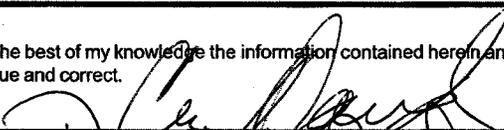
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

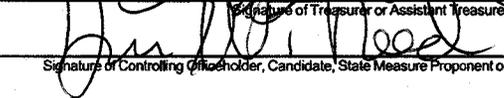
Executed on 10/25/2012
Date

Executed on 10/25/2012
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

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

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

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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 25

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DANA W. REED

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
CITY OF INDIAN WELLS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
46-146 EAST ELDORADO DR. INDIAN WELLS, CA 92210

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
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page <u>3</u> of <u>25</u>
NAME OF FILER REED FOR COUNCIL, 2012		I.D. NUMBER 1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL, 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 9,400.00	\$ 13,949.00
2. Loans Received	Schedule B, Line 3	5,000.00	15,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 14,400.00	\$ 28,949.00
4. Nonmonetary Contributions	Schedule C, Line 3	24.00	24.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 14,424.00	\$ 28,973.00

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

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

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 16,040.04	\$ 23,828.04
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 16,040.04	\$ 23,828.04
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-2,495.06	2,189.09
10. Nonmonetary Adjustment	Schedule C, Line 3	24.00	24.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 13,568.98	\$ 26,041.13

**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	\$ 8,300.16
13. Cash Receipts	Column A, Line 3 above	14,400.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	16,040.04
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,660.12

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.

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 17,189.09

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 4 of 25

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

I.D. NUMBER
1347711

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)
10/09/2012	RAYMOND A. ALEXANDER 3766 WILLOWCREST AVE. STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN RAYMOND A. ALEXANDER	100.00	100.00	
10/16/2012	JOY L. BADER 1911 DOUGLAS BLVD., STE. 85-143 ROSEVILLE, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLITICAL CONSULTANT BADER & ASSOCIATES, INC.	100.00	100.00	
10/05/2012	JERRY BIGGS 1329 ARROYO CREST REDLANDS, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
10/05/2012	LUIS P. BUHLER 21908 ALMADEN AVE. CUPERTINO, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO ROCKLEDGE ASSOCIATES	100.00	100.00	
10/18/2012	CALIFORNIA NATIONS INDIAN GAMING ASSOCIATION SOVEREIGNTY PROTECTION FUND (#1266480) 3699 WILSHIRE BLVD., STE. 1290 LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	

SUBTOTAL \$ 650.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,550.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 850.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 9,400.00**

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>25</u>
I.D. NUMBER 1347711	

NAME OF FILER
REED FOR COUNCIL, 2012

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)
10/03/2012	DANNY CALLEROS 3532 BURNING TREE DR. ONTARIO, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACTING CHIEF OF POLICE CITY OF VERNON	100.00	100.00	
10/19/2012	RENEE M. CROCE 4216 HIGHLAND AVE., E 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	PRESIDENT RENEE CROCE & ASSOCIATES	100.00	100.00	
10/08/2012	CRUMMITT & ASSOCIATES 110 PINE AVENUE, STE. 1010 LONG BEACH, CA 90802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/06/2012	SAMANTHA RACHEL CULBERT 2401 WILDOAK DRIVE LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC AFFAIRS DIRECTOR KAISER PERMANENTE	200.00	200.00	
10/19/2012	CURRY FOR NEWPORT BEACH CITY COUNCIL (#1282508) 603 E ALTON AVENUE, SUITE H SANTA ANA, CA 92705	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				750.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>25</u>
I.D. NUMBER 1347711	

NAME OF FILER
REED FOR COUNCIL, 2012

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)
10/18/2012	CURT PRINGLE & ASSOCIATES 2400 E. KATELLA AVE., STE. 350 ANAHEIM, CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/16/2012	HAROLD I. DASH 320 N. LARCHMONT BLVD. LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN & CEO CERRELL ASSOCIATES	100.00	100.00	
10/06/2012	DELTA PARTNERS LLC 17541 17TH ST. TUSTIN, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/06/2012	BETTY ANN DOWNING 3605 LONG BEACH BLVD., STE. 426 LONG BEACH, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CALIFORNIA POLITICAL LAW, INC.	300.00	300.00	
10/12/2012	EMPLOYERS RESOURCE 18002 IRVINE BLVD., STE. 108 TUSTIN, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				1,000.00		

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

**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		CALIFORNIA FORM 460
from <u>10/01/2012</u>		
through <u>10/20/2012</u>		Page <u>7</u> of <u>25</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

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)
10/06/2012	ENGLANDER & ASSOCIATES 801 S. FIGUEROA ST., STE. 1050 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/06/2012	KEVIN G. ENNIS 1235 WABASH STREET PASADENA, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY RICHARDS WATSON & GERSON	100.00	100.00	
10/08/2012	JANICE GLAAB 41925 JONES DR. PALM DESERT, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC AFFAIRS GLAAB & ASSOCIATES	200.00	200.00	
10/12/2012	ALLAN E. HOFFENBLUM 1230 HORN AVE. LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLITICAL CONSULTANT ALLAN HOFFENBLUM & ASSOCIATES	100.00	100.00	
10/13/2012	INLAND EMPIRE TAXPAYERS ASSOCIATION (#1285847) 4201 BROCKTON AVE., STE. 100 RIVERSIDE, CA 92501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	

SUBTOTAL \$ 750.00

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 IND - Individual
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 (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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>25</u>

NAME OF FILER REED FOR COUNCIL, 2012	I.D. NUMBER 1347711
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2012	JOEL FOX CONSULTING 17939 CHATSWORTH ST., #252 GRANADA HILLS, CA 91344	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
10/06/2012	ROBERT L. KAPLAN 12021 WILSHIRE BLVD., #542 LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT ROBERT KAPLAN COMPANY	200.00	200.00	
10/05/2012	FRED S. KARGER 2745 WOODSTOCK RD. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	200.00	
10/06/2012	FRED S. KARGER 2745 WOODSTOCK RD. LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	200.00	
10/05/2012	C. DOUGLAS KRANWINKLE 691 LA LOMA RD. PASADENA, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE UNIVISION COMMUNICATIONS	250.00	250.00	

SUBTOTAL \$ 800.00

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IND - Individual
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SCC - Small Contributor Committee

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

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>25</u>
NAME OF FILER REED FOR COUNCIL, 2012	
I.D. NUMBER 1347711	

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)
10/06/2012	ALEX KUNG 1159 HUNTINGTON DRIVE, UNIT B MONTEREY PARK, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT BENEVEST PROPERTIES	100.00	100.00	
10/12/2012	LAWRENCE RESEARCH 1450 N. TUSTIN AVE., STE. 150 SANTA ANA, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/06/2012	HARLAN LEVINSON 6300 WILSHIRE BLVD., STE. 1010 LOS ANGELES, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA HARLAN LEVINSON CPA	100.00	100.00	
10/06/2012	STUART L. LEVITON 3699 WILSHIRE BLVD., STE. 1290 LOS ANGELES, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY REED & DAVIDSON, LLP	100.00	100.00	
10/06/2012	MICHAEL W. LEWIS 2149 E. GARVEY AVE., NORTH STE. A-11 WEST COVINA, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT LEWIS & COMPANY	300.00	300.00	
SUBTOTAL \$				700.00		

*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		CALIFORNIA FORM 460
from <u>10/01/2012</u>		
through <u>10/20/2012</u>		Page <u>10</u> of <u>25</u>

NAME OF FILER REED FOR COUNCIL, 2012	I.D. NUMBER 1347711
---	------------------------

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)
10/05/2012	LIENS UNLIMITED, LLC 2155 VERDUGO BLVD., STE. 104 MONTROSE, CA 91020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/20/2012	MITCHELL ENGLANDER OFFICEHOLDER (#1321061) 777 S. FIGUEROA ST., STE. 4050 LOS ANGELES, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/12/2012	MONACO, INC. DBA THE MONACO GROUP 1011 SOUTH LINWOOD AVE. SANTA ANA, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/05/2012	ROBERT W. NAYLOR 1530 J STREET, #360 SACRAMENTO, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ROBERT W. NAYLOR ADVOCACY	150.00	150.00	
10/18/2012	ROBERT E. NELSON 3624 ROBINSON MEWS SAN DIEGO, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADVERTISING BNA COMMUNICATIONS	100.00	100.00	

SUBTOTAL \$ 850.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2012</u>		
through <u>10/20/2012</u>		Page <u>11</u> of <u>25</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

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)
10/12/2012	OCTAXPAC, SPONSORED BY THE ORANGE COUNTY TAXPAYERS ASSOCIATION (#12688619) 1127 11TH ST., STE. 300 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/10/2012	O'REILLY PUBLIC RELATIONS, INC. 3403 10TH ST., STE. 110 RIVERSIDE, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/06/2012	OREMOR MANAGEMENT & INVESTMENT CO. 1377 KETTERING LOOP ONTARIO, CA 91761	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/18/2012	TERRY B. O'ROURKE 8368 CAMINITO HELECHO LA JOLLA, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE STATE OF CALIFORNIA	100.00	100.00	
10/09/2012	LORI J. PARSEL 4 PIERCE IRVINE, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE ASSISTANT ORANGE COUNTY TRANSPORTATION AUTHORITY	100.00	100.00	

SUBTOTAL \$ 1,150.00

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

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>25</u>
NAME OF FILER REED FOR COUNCIL, 2012	
I.D. NUMBER 1347711	

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)
10/05/2012	POWERS COMMUNICATIONS INC. 27068 LA PAZ RD., STE. 618 ALISO VIEJO, CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/06/2012	TODD D. PRIEST 2400 E. KATELLA AVE., STE. 350 ANAHEIM, CA 92806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT CURT PRINGLE & ASSOCIATES	100.00	100.00	
10/16/2012	SAGE ADVISORS, INC. 550 S. HOPE ST., STE. 1910 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/18/2012	SHELDON GROUP 901 DOVE ST., STE. 140 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/03/2012	ANA M. SIMEONOVA 3699 WILSHIRE BLVD., STE. 1290 LOS ANGELES, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICE MANAGER REED & DAVIDSON, LLP	100.00	100.00	
SUBTOTAL \$				650.00		

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>25</u>
I.D. NUMBER 1347711	

NAME OF FILER
REED FOR COUNCIL, 2012

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)
10/05/2012	SMITH PUBLIC AFFAIRS 1517 W. BRANDEN CT., STE. A ORANGE, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/05/2012	MICHAEL STOCKSTILL 22 GLENHAVEN LN. IRVINE, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150.00	150.00	
10/19/2012	THE UEBERROTH FAMILY TRUST 5 SAN JOAQUIN PLZ., STE. 330 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/19/2012	VCS ENVIRONMENTAL 30900 RANCHO VIEJO RD., STE. 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/05/2012	ROD WILSON 6475 E PACIFIC COAST HWY., #170 LONG BEACH, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT / CEO PACIFIC RESEARCH & STRATEGIES, INC.	100.00	100.00	
SUBTOTAL \$				800.00		

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PTY - Political Party
SCC - Small Contributor Committee

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

**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		CALIFORNIA FORM 460
from <u>10/01/2012</u>		
through <u>10/20/2012</u>		Page <u>14</u> of <u>25</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

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)
10/06/2012	DARRYL R. WOLD 9492 VILLA ISLE DR. VILLA PARK, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DARRYL R. WOLD	100.00	100.00	
10/05/2012	ROBERT A. WOLF 7240 CHABOT RIVERSIDE, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
10/06/2012	FLORA S. YIN 3699 WILSHIRE BLVD., STE. 1290 LOS ANGELES, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY REED & DAVIDSON, LLP	250.00	250.00	
		<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 \$ 450.00

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 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 B – Part 1
Loans Received**

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

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>25</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

I.D. NUMBER

1347711

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
DANA W. REED 46-146 EAST ELDORADO DR. INDIAN WELLS, CA 92210 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY REED & DAVIDSON, LLP	\$ 7,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 7,500.00 12/31/2012 DATE DUE	_____% RATE \$ 0.00	\$ 7,500.00 05/10/2012 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** \$ _____
DANA W. REED 46-146 EAST ELDORADO DR. INDIAN WELLS, CA 92210 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY REED & DAVIDSON, LLP	\$ 2,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,500.00 12/31/2012 DATE DUE	_____% RATE \$ 0.00	\$ 2,500.00 09/24/2012 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** \$ _____
DANA W. REED 46-146 EAST ELDORADO DR. INDIAN WELLS, CA 92210 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2012 DATE DUE	_____% RATE \$ 0.00	\$ 5,000.00 10/04/2012 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** \$ _____
SUBTOTALS \$		5,000.00	\$ 0.00	\$ 0.00	\$ 15,000.00	\$ 0.00		

Schedule B Summary

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

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 5,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

Statement covers period from <u>10/01/2012</u>	CALIFORNIA FORM 460
through <u>10/20/2012</u>	
Page <u>16</u> of <u>25</u>	
I.D. NUMBER 1347711	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

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 \$ 0.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 24.00
- 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 \$** 24.00

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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.

SCHEDULE E

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>25</u>
	I.D. NUMBER 1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

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
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT		1,742.65
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT		2,941.50
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT		2,546.43

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

SUBTOTAL \$ 7,230.58

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	16,040.04
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	16,040.04

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

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 18 of 25
I.D. NUMBER		1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

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
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT			150.00
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT			250.00
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT			2,372.37
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT			2,263.93
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE, CA 92614	POS			2,780.00

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

SUBTOTAL \$ 7,816.30

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

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 19 of 25
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

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
LANDSLIDE COMMUNICATIONS, INC. 30011 IVY GLENN DR., STE. 223 LAGUNA NIGUEL, CA 92677	LIT			300.00
U.S. POSTMASTER 17192 MURPHY AVE. IRVINE, CA 92623	POS			693.16

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

SUBTOTAL \$ 993.16

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>25</u>
	I.D. NUMBER 1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT	1,742.65	0.00	1,742.65	0.00
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT	2,941.50	0.00	2,941.50	0.00
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH, CA 92660	LIT	0.00	1,995.60	0.00	1,995.60

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

SUBTOTALS \$ 4,684.15 \$ 1,995.60 \$ 4,684.15 \$ 1,995.60

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,189.09
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 4,684.15
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -2,495.06
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 21 of 25
NAME OF FILER REED FOR COUNCIL, 2012		I.D. NUMBER 1347711

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) |

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

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
FORDE & MOLLRICH 4041 MACARTHUR, STE. 190 NEWPORT BEACH CA 92660	LIT	0.00	193.49	0.00	193.49
SUBTOTALS \$		0.00 \$	193.49 \$	0.00 \$	193.49

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page <u>22</u> of <u>25</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

I.D. NUMBER
 1347711

NAME OF AGENT OR INDEPENDENT CONTRACTOR

FORDE & MOLLRICH

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 |
| 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAVALIA COMMUNICATIONS, INC. 24000 ALICIA PKWY., STE. 17-303 MISSION VIEJO CA 92691	LIT			750.00
CAVALIA COMMUNICATIONS, INC. 24000 ALICIA PKWY., STE. 17-303 MISSION VIEJO CA 92691	LIT			750.00
CAVALIA COMMUNICATIONS, INC. 24000 ALICIA PKWY., STE. 17-303 MISSION VIEJO CA 92691	LIT			750.00
CAVALIA COMMUNICATIONS, INC. 24000 ALICIA PKWY., STE. 17-303 MISSION VIEJO CA 92691	LIT			750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,000.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page <u>23</u> of <u>25</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

FORDE & MOLLRICH

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) |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE CA 92614	LIT		1,796.43
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE CA 92614	LIT		1,486.43
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE CA 92614	LIT		1,482.79
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE CA 92614	LIT		1,120.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 5,886.25

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page 24 of 25
		I.D. NUMBER 1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KENNY THE PRINTER

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 |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POSTMASTER 17192 MURPHY AVE. IRVINE CA 92623	POS		2,780.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,780.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2012	
through	10/20/2012	Page <u>25</u> of <u>25</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL, 2012		1347711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL, 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LANDSLIDE COMMUNICATIONS, INC.

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 |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SAVE PROPOSITION 13 SEGREGATED FUND ACCOUNT (#598040) 30011 IVY GLENN DR., STE. 223 LAGUNA NIGUEL CA 92677	LIT		150.00
SMALL BUSINESS ACTION COMMITTEE NEWSLETTER (#1322823) 30011 IVY GLENN DR., STE. 223 LAGUNA NIGUEL CA 92677	LIT		150.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 300.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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