Decinient Committee					COVER PAGE
Recipient Committee Campaign Statement		Type or print in	ink.	Date Stamp	CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.	5)			DECENT	FORM
Continuent Code Codesis 04200 04210		Statement covers period 10/7/12 from	Date of election if applicable: (Month, Day, Year)	RECEIV 0CT 25 20	Page of
SEE INSTRUCTIONS ON REVERSE		through10/25/12	11/6/ ?	BY:	
1. Type of Recipient Committee	: All Committees Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled (State Candidate Election Commi Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	ittee OOO(Als	lot Measure Committee Primarily Formed Controlled Sponsored o Complete Part 6) marily Formed Candidate/ iceholder Committee o Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	t	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	1.D. 46	NUMBER -0827405	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME UIAN MCKNI INT FOR Albany Cit. (NAME OF TREASURER Margaret N Knight		
			MAILING ADDRESS 1034 Talbo \ve		
STREET ADDRESS (NO P.O. BOX)			сітү Albany		IP CODE AREA CODE/PHONE 4)6
city Albany	STATE ZIP COD CA 94 16	E AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. A	AND STREET OR P.O. BO	X	MAILING ADDRESS	The state of the s	***************************************
CITY	STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDI	RESS	
4. Verification				\overline{A}	
I have used all reasonable diligence in certify under penalty of perjury under to the Executed on Total Cate Executed on Date Executed on Date		By Signature of By	Signature of Troasurer or Nesistant Controlling Officeholder, Candidate, State Measure Pr	t Treasurer roponent or Responsible Officer of Spo	
Date		Бу	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 480 (June/01)

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA		44		
CHLICURING	٠.		-	
		744	h	
FORM				

Page _____ of ____

Officeholder or Candidate Controlled Committee			6. Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Ulan McKni int								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	C	SUPPORT OPPOSE	
Albany City Souncil]	OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Albany CA 9 706	CITY STATE ZIP		Identify the controlling of	iceholder, car	ndidate, or stat	e measure p	roponent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT			
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		D	ISTRICT NO. IF	ANY	
NAME OF TREASURER	CONTROLLED COMMITTEE? O YES C NO	7.	Primarily Formed Con which this committee is prin		names of officel	holder(s) or ca	andidate(s) for	
COMMITTEE ADDRESS STREET ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O, BOX)							
CITY STATE 2	IP CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets If ne	cessary		

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

ummary Page	Amounts may be rounded to whole dollars.	Stater	nent covers period	CALIFORNIA ACO
Cammary Lago	to whole uthars.	from	10/7/12	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	10/25/12	Page of
NAME OF FILER				1.D. NUMBER 2745
	Column A C	olumn B	Calendar Year Sur	nmary for Candidates

Contributions Received Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 114749	Column B CALENDAR YEAR TOTAL TODATE 3302.48	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 114849 \$ 114849	\$ 3302.48 \$ 3302.48	20. Contributions Received \$\$ 21. Expenditures Made \$ \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 Schedule E, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Add Lines 8 + 9 + 10	\$ 114849	\$ 3302.48 \$ 3302.48 \$ 3302.48	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
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.	s 0 114749 0 114749 s 0	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	\$ \$ \$ \$
17. LOAN GUARANTEES RECEIVED	s0	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	"Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule Monetary	A Contributions Received	Amount	e or print in ink. is may be rounded whole dollars.	Statement cov		rs period CALIFORNIA 460 FORM	
				from			
SEE INSTRUCTION	DNS ON REVERSE			through)/25/12 Page		of
NAME OF FILER						1.D. NUN	MBER - 0827405
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN: 1 - DE(YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/20/12	U n McKnight 16.4 Talbot Ave Al any, CA 94706	ND COM OTH PTY Scc	canc date, self emplo ed	11 48.49	; '€	64.48	
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		JIND JCOM JOTH JPTY JSCC					
		JIND JCOM JOTH JPTY JSCC					
			SUBTOTAL	\$			
1. Amount re	A Summary eceived this period – contributions of \$100 or more. Il Schedule A subtotals.)		\$_	1148.49	IND		
2. Amount re	eceived this period – unitemized contributions of less th	an \$100	\$			⊣ Other ′ – Political	·
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. Colu	uma A Line t)TOTAL \$	1148.49			ontributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule	Α	(Continuation	Sheet)
Monotany	~	ontributions R	araivar

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Statement covers period

	Contributions Received	ions Received Amounts may be rounded to whole dollars.			ers period /7/12 /25/12	CALIFORNIA 460 Page of		
NAME OF FILER							0827405	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
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		JIND JCOM JOTH JPTY JSCC						
			SUBTOTAL	\$				

*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		Type or print in i		I	Statement cov	are pariod		DULE B-PART 1
Loans Received	Amo	10/	7/12	_ CALIFORNI FORM	^A 460			
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER						77174	I.D. NUMBER	
							46-08	27405
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER HAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
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TO IND D COM D OTH D PTY D SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	\$
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TO IND O COM O OTH O PTY O SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	s
	<u> </u>	SUBTOTALS	}	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans)	s less than \$100.)			\$ _			another party	rgiven or paid by y also must be
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)	dule A.)	***************************************	\$ _			reported on	
3. Net change this period. (Subtract Line Enter the net here and on the Summar			,	NET \$ _	(May be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (c	other than PTY or SCC) OTH	Other PTY - F	olitical Party 5	SCC – Small C	contributor Committee		FPPC For	rm 460 (June/01)

Schedule B - Part 2		Type or print in ink.		Statem	ent covers perio		IEDOEE B-TAINT E
Loan Guarantors		Amounts may be rounded to whole dollars.		10/7/12		d CALIFOR FORM	
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NAME OF FILER			A CONTRACTOR OF THE CONTRACTOR			I.D. NUMBER	
						46-09	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
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Schedule	С		Type or print in ink.						SCHEDULE C
	tary Contributions Received		Amounts may be rounded to whole dollars.		s	Statement covers		CALIFO	1
	_				from	10/7/1	2	FOF	RM 400
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NAME OF FILER	NS ON REVERSE				l			I.D. NUMB	ER
								46-	0827405
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
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		OIND OCOM OOTH OPTY OSCC							
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		OIND OCOM OOTH OPTY OSCC							
Attach addit	tional information on appropriately labe	eled continuat	ion sheets.	SUBT	OTAL \$				
1. Amount re	C Summary ceived this period – nonmonetary contribu I Schedule C subtotals.)				\$ _	www.es-was.assassassassassassassassassassassassa	IND	•	t Committee an PTY or SCC)
2. Amount re	ceived this period – unitemized nonmone	tary contributio	ns of less than \$1 00		\$_			l – Other – Political P	
	nonetary contributions received this periods 1 and 2. Enter here and on the Summar		n A, Lines 4 and 1 0.)	TOT/	AL \$_				ntributor Committee

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		oosing Other Amounts may be rounded to whole dollars.			s period /12	california 460		
SEE INSTRUCTION				through	25/12	Page _	of	
NAME OF FILER						PD NUN	1BER 27 405	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
-	Support Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
			SUBTOT	AL \$			The second state of the se	

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$
2. Unitemized contributions and independent expenditures made this period of under \$100	\$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in Amounts may be r to whole dolla	ou nded	Statement covers 10/7/ from10/25 through	12	SCHEDULED (CONTINUED (
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT Monetary	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIN CALENDA (JAN. 1 -		PER ELECTION TO DATE (IF REQUIRED)	
	Support Oppose	Contribution Nonmonetary Contribution Independent Expenditure						
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<u> 2000-2000-2000</u>	Support Oppose	Independent	SUBTOT	AL \$				

Schedule E	۸m	lype or print		.d			Statem	ent covers	period	CALIFO	RNIA 460
Payments Made	Amounts may be rounded to whole dollars.					fre	10/7/12			FORM 400	
								10/25	/12		
SEE INSTRUCTIONS ON REVERSE						th	rough .		<u> </u>		of
NAME OF FILER										1.D. NUM 46-0	
CODES: If one of the following codes accurately describe	s the p	payment, yo	u may e	nter the	e code. (
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR MTG	member com meetings an				RAI RFI		airtime and ned contribu	•	costs	
CTB contribution (explain nonmonetary)*	OFC	office expen	ses			SA	L camp	aign worker			
CVC civic donations FIL candidate filing/ballot fees	PET PHO	petition circu- phone banks	-			TEL TRO		r cable airtim idate travel, l	•		
FND fundraising events ND independent expenditure supporting/opposing others (explain)*	POL POS	polling and s	,		ar caniicas	TR: S TSF		spouse trave			ne candidate/sponso
LEG legal defense	PRO	professional				VO	T vote	registration			·
LIT campaign literature and mailings	PRT	print ads				WE	B infor	nation techn	ology costs	(internet, e	-mail)
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD NUMBER)			CODE	OR		DESCRIPT	ION OF P	AYMENT			AMOUNT PAID
Autumn Press				Lite	erature		***************************************				4440.40
945 Camelia Str⊟t Berkeley CA 947 D			Lľ								1148.49
Solitoro Situati											
								.,			
* Payments that are contributions or independent expenditures	must al	lea ha cumm	arizad on	Sahadı	ula D				- CLI	DTOTAL	1148.49
rayments that are contributions of independent expenditures	must a	iso be summ	anzeu on	Sched					50	BTOTAL \$	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Schedule E Summary											1148.49
1. Payments made this period of \$100 or more. (Include all S			,								
2. Unitemized payments made this period of under \$100		** : * : * * * * * * * * * * * * * * *	**********	.,	***********	******		·····	******	\$	
3. Total interest paid this period on loans. (Enter amount from		·	·								1148.49
4. Total payments made this period. (Add Lines 1, 2, and 3, E	Enter he	ere <mark>and on</mark> tl	ne Summ	nary Pa	ge, Colu	m <mark>n A, Line</mark>	6.)		TO	TAL \$	1170.73

(IF COMMITTEE, ALSO ENTER LO. NOMBER)	l	

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

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	led	from	ers period 7/12 /25/12	CALIFORNIA 460	
OFF INOTOLOTIONS ON DEVEROE			through	23/12	Page of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					1.0. NUMBER 46-0827405	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	etion costs neals d meals of the same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1D NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT	DD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary	A					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized.)			INC	JRRED TOTA	LS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)				PAID TOTA	LS \$	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here an	d		N	IET \$	

Type or print in ink.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 10/7/12 from10/25/12 through	CALIFORNIA 460 FORM of
NAME OF FILER		Ů.	I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL. t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services VOT voter registration LEG legal defense professional services (legal, accounting) ЦT 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 LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORTION E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			A		
	\$	\$	\$	\$	

Schedule G			Tvn	e or arint in i	nk		SCHEDULEG			
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.				Statement covers period 10/7/12 from			RNIA 460
	,					44	ah	10/25/12	_	
SEE	NSTRUCTIONS ON REVERSE					unr	ough		- Page	of
NAME	OF FILER								I.D. NUMBE	R
NAME	OF AGENT OR INDEPENDENT CONTRACTOR					×	and the same of th			
СО	DES: If one of the following codes accurately describ	es the	payment,	you may	enter the code	Otherwis	e, de sc	ribe the payme	n t .	······
CNS CTB CVC FILD FND G LET	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings //ments that are contributions or independent expenditures must also	MBR MTG OFC PET PHO POL POS PRO PRT so be su	meetings a office expe petition circ phone ban polling and postage, d professions print ads	ulating ks survey resea elivery and m al services (le	es arch essenger services gal, accounting)	RFD SAL TEL TRC TRS	returned campaig t,v. or c candida staff/spe transfer voter re	rtime and production dicontributions gn workers' salaries able airtime and prote travel, lodging, apuse travel, lodging between committeegistration technology cos	s eduction costs nd meals , and meals es of the same	candidate/sponsor nail)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)			CODE	DR	DESCRIPTIO	N OF PAY	MENT		AMOUNT PAID

		***************************************	÷(************************************							**************************************
										and the same of th

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.		Statement cov	ers period /7/12	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	/25/12	Page	of
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE LOANS TO DATE
	NAME OF BUSINESS)	PERIOD \$	\$	THIS PERIOD PAID FORGIVEN THIS PERIOD PAID FORGIVEN	PERIOD S DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR S PERELECTION*
		\$	5	PAID \$ FORGIVEN \$	DATE OUE	% RATE	\$DATE INCURRED	CALENDAR YEAR 5 PER ELECTION*
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$ (Enter (e) on		

1.	Loans made this period	**If Requi
2.	Payments received on loans	
3.	Net change this period. (Subtract Line 2 from Line 1.) (Enter the net here and on the Summary Page, Column A, Line 7.)	

Schedule I		Type or print in ink.		SCHEDULE			
Miscellaneous Increases to Cash		Amounts may be rounded	Statement covers period	CALIFORNIA 460			
		to whole dollars.	10/7/12	FORM 400			
			10/25/12	_			
SEE INSTRUCTIONS ON REVER	RSE		through	Page of			
NAME OF FILER				I.D. NUMBER			
DATE	FULL NAME AND ADDRESS OF SOURCE	n	ESCRIPTION OF RECEIPT	AMOUNT OF			
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			INCREASE TO CASH			
	·						
			<u> </u>				
Attach additional info	rmation on appropriately labeled continuation sheets.		SUBTOTA	AL \$			
Schedule I Summ	ary						
1. Increases to cash of	of \$100 or more this period		\$				
	ses to cash under \$100 this period						
3. Total of all interest	received this period on loans made to others. (Sch	nedule H, Column (e).)	\$				
	s increases to cash this period. (Add Lines 1, 2, ane 14.)		TOTAL \$				

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