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

Statement covers period
from 1/1/2013
to 1/19/2013

Date of election if applicable:
(Month, Day, Year)
MARCH 5, 2013

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

2. Type of Statement:
☑ Prelection Statement
☐ Semi-annual Statement
☐ Termination Statement (Also file a Form 410 Termination)
☐ Amendment (Explain below)
☐ Quarterly Statement
☑ Special Odd-Year Report
☐ Supplemental Prelection Statement - Attach Form 495

3. Committee Information
I.D. NUMBER 1352312

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013

STREET ADDRESS (NO P.O. BOX)
8581 SANTA MONICA BLVD #209

CITY STATE ZIP CODE AREA CODE/PHONE
WEST HOLLYWOOD CA 90069 323-391-3545

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
CHRISTOPHER@LANDAVAZO.COM

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 1/31/13
By

Executed on 1/31/17
By

Executed on
By

Executed on
By

Treasurer(s)
NAME OF TREASURER
CHRISTOPHER T. LANDAVAZO

MAILING ADDRESS
8581 SANTA MONICA BLVD #209

CITY STATE ZIP CODE AREA CODE/PHONE
WEST HOLLYWOOD CA 90069 323-391-3545

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
CHRISTOPHER@LANDAVAZO.COM
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>CHRISTOPHER T. LANDAVAZO</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>COUNCILMEMBER, CITY OF WEST HOLLYWOOD</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>8581 SANTA MONICA BLVD #209</td>
</tr>
<tr>
<td>CITY</td>
<td>WEST HOLLYWOOD</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>90069</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<td>OPPOSE</td>
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</tr>
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<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

- Attach continuation sheets if necessary
**Campaign Disclosure Statement**

**Summary Page**

**NAME OF FILER**
LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013

**Statement covers period**
from 1/1/2013 through 1/19/2013

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**
1/1 through 9/30
7/1 to Date

**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

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALANDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4 $1,475</td>
<td>$5,900</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7 $1,475</td>
<td>$5,900</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3 $1,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10 $2,975</td>
<td>$9,900</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Previous Summary Page, Line 16) $15,026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above $1,350</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4 $0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above $1,475</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15 $14,901</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse $0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above $0</td>
</tr>
</tbody>
</table>

---

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A
 Monetary Contributions Received

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

**Statement covers period from 1/1/2013 through 1/19/2013**

### NAME OF FILER
LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013

**I.D. NUMBER**
1352312

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor (if Committee, also enter I.D. Number)</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (if Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (if Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/16/13</td>
<td>ERIK BARKER 7715 LEXINGTON AVE WEST HOLLYWOOD, CA 90046</td>
<td>IND</td>
<td>ACCOUNTANT U.S. SEC</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>1/13/13</td>
<td>GREGROY L. CASON PHD 8581 SANTA MONICA BLVD #221 WEST HOLLYWOOD, CA 90069</td>
<td>IND</td>
<td>PSYCHOLOGIST SELF</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>1/7/13</td>
<td>AUGUSTIN GORBEA 623 N. MONTEREY ST. #7 ALHAMBRA, CA 91801</td>
<td>IND</td>
<td>MARKETING LIAISON ONE DEGREE COMM</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>1/15/13</td>
<td>ERIC HARRISON 5600 WILSHIRE BLVD #644 LOS ANGELES, CA 90036</td>
<td>IND</td>
<td>EXECUTIVE DIRECTOR GLEH</td>
<td>250</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>1/16/13</td>
<td>LAJUANA HASELRIG 269 S. BEVERLY DR #912 BEVERLY HILLS, CA 90212</td>
<td>IND</td>
<td>LAW ENFORCEMENT LASD</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal** $1,050

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 1,350
2. Amount received this period – unitemized monetary contributions of less than $100 ................................ $ 0
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 1,350

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

**FPCC Form 460 (January/85)**
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE #</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/13</td>
<td>AUTOPLEX PARKING MANAGEMENT, INC. 8776 SUNSET BLVD WEST HOLLYWOOD, CA 90069</td>
<td>□ IND</td>
<td></td>
<td>250</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>1/1/13</td>
<td>AMBER VEATCH 1107 DAVIS WAY PLACENTIA, CA 92870</td>
<td>□ IND</td>
<td>DEPUTY SHERIFF LASD</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 300
# Schedule C
Nonmonetary Contributions Received

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

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Description of Goods or Services</th>
<th>Amount Fair Market Value</th>
<th>Cumulative to Date Calendar Year (Jan 1 - Dec 31)</th>
<th>Per Election to Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACOBY LIMOUSINE 11271 VENTURA BLVD #438 STUDIO CITY, CA 91604</td>
<td>[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC</td>
<td>TRANS SERVICES</td>
<td>500</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIDE LEGAL 8750 HOLLOWAY DR. WEST HOLLYWOOD, CA 90069</td>
<td>[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC</td>
<td>MEETING SPACE</td>
<td>500</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOEL PEREZ 3750 LOS FELIZ BLVD #49 LOS ANGELES, CA 90027</td>
<td>[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC</td>
<td>COMMUNICATIONS PROJECT COORDINATOR PROFSERVICES</td>
<td>500</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period - Itemized nonmonetary contributions. (Include all Schedule C subtotals.) ........................................... $ 1,500
2. Amount received this period - Unitemized nonmonetary contributions of less than $100 ........................................... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................... TOTAL $ 1,500

*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

FFPC Form 460 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ........................................ $ 0

2. Unitemized contributions and independent expenditures made this period of under $100 .......................................................... $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........... TOTAL $ 0
## Schedule E Payments Made

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

**Statement covers period**

- **from:** 1/1/2013
- **through:** 1/19/2013

**NAME OF FILER**

LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013

**I.D. NUMBER**

1352312

### CODES:

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

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>JOHN APPLEGATE CONSULTING 1901 AVE OF THE STARS, SUITE 200 LOS ANGELES, CA 90067</td>
<td>1,475</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 1,475
2. Unitemized payments made this period of under $100 ................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................................................................................. TOTAL $ 1,475

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
## Schedule F
### Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013

**I.D. NUMBER**
1352312

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

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

### Table

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON 460)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>

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

**SUBTOTALS** $  

### Schedule F Summary

1. 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 $ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   PAID TOTALS $ 0

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

   NET $ 0

---

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
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.

Statement covers period from 1/1/2013 through 1/19/2013

CALIFORNIA FORM 460

LANDAVAZO FOR WEST HOLLYWOOD CITY COUNCIL 2013
NAME OF FILER
I.D. NUMBER
1352312

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

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

<table>
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<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

* 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 0

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
**Schedule H Summary**

1. Loans made this period .......................................................... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans .................................................. $ 0
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. *(Subtract Line 2 from Line 1.)* ............... NET $ 0
   *(May be a negative number)*

   *(Enter the net here and on the Summary Page, Column A, Line 7.)*
**Schedule I**  
**Miscellaneous Increases to Cash**

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE [IF COMMITTEE, ALSO ENTER I.D. NUMBER]</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 0
2. Unitemized increases to cash of under $100 this period. ......................................... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ................................................. $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. TOTAL $ 0

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