Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	ink. 28 /3	UL 31 AM 10: 45	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 3 17 2013 through 6 30 2013	Date of election if applicable: (Month, Day, Year)	7.	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part.5) General Purpose Committee Sponsored Small Contributor Committee Pri Political Party/Central Committee	imarily Formed Ballot Measure ornmittee) Controlled) Sponsored so Complete Part 6) imarily Formed Candidate/ ficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Till Amendment (Explain b	Spe Spe Sup State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	140 - 7709	Treasurer(s) NAME OF TREASURER GYEG KILOYIQ MAILING ADDRESS CITY NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZIPO	OUE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and reviewing to under penalty of perjury under the laws of the State of California to Executed on	hat the foregoing is true and correct. By	Signature of Treasurer or Assistant T	reasurer conent of Pestionable (Piete of Sponsor	les is true and complete. I certify

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

5.	Officeholder or Candidate Controlled Comm	nitt ee	6.	Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				. 7 7.0
	Grea Krikorian							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	Ī	SUPPORT
	Glendale School Board - GUSD							OPPOSE
		CITY STATE ZIP						
1		Glendale CA 91201		Identify the controlling offi	ceholder, ca	ndidate, or state m	easur e j	proponent, if any.
		dierous (3) 1/201		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT		
	Related Committees Not Included in this Statement that are controlled by you contributions or make expenditures on behalf of your care.	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. 1	FANY
1	COMMITTEE NAME	I.D. NUMBER						
i	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
(COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
Č	COMMITTEE NAME	I.D. NUMBER						
_				NAME OF OFFICEHOLDER OR CA	INDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
ì	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OF	R HELD	☐ SUPPORT
7	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	TYES NO						OPPOSE
•	OTTLET AUDITED (NO F.U. DI	J^)				1		
ā	DITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuatio	n sheets if necess	ary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA FORM

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GREG ICRI KORIAN

19. Outstanding Debts Add Line 2+ Line 9 in Column B ebove \$

GREG ICRI KORIAN			135 4750
Contributions Received 1. Monetary Contributions Schedule A, Une 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES; S 896.00 0:00 S 2,896.00 ().00 S 2,996.00	S IG OUD OU S IG OUD OU S IG OUD OU S IGOUD.	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 16,040.7\$ 21. Expenditures Made \$ 19,276.76\$
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 F, Line 3	\$ 9742.35 0.00 \$ 9,742,35 0.00 0.00 \$ 9,742,35	\$ 19,276,376 0.00 \$ 19,276,376 6 00 0.00 \$ 19,276,36	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (IT Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summery 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.	\$ 846.35 m 8896.06 9.242.35 \$ 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 the first report being filed	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2	\$ <u>0</u>	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts	_	from Lines 2, 7, and 9 (if	

any).

FPPC Form 460 (January)05) FPPC Toll-Free Helpline: 866/ASK-FPPC (966/275-3772)

Schedule, Monetary	A Contributions Received	Amount	or print in ink. s may be rounded whole dollars.	Statement cov	13	CALIFO FOR	
SEE INSTRUCTION	NS ON REVERSE			through	+ ' /	Page	of /2
NAME OF FILER	eg Krikoriah					1.D. NUMI	BER 54750
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 I CALENDAR YE (JAN. 1 - DEC. :	AR ,	PER ELECTION TO DATE (IF REQUIRED)
]			,			

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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3118/13	Elizabeth Manasserian Glendale, CA 91206	#IND COM OTH PTY SCC	Agent, Vantage Realty, Inc.	\$200.00	\$400.00	
3/18/13	Los Hngeles, CA 90063	□IND □COM ■OTH □PTY □SCC		\$ 250.00	\$250.00	
3 18 13	Joe Ayvazi Glendale, CA 91202	IND COM OTH PTY So	Self employed, Broadway Realtors	\$150.00	\$350.00	
3 25 13	Vicken Kedjidiian Glendale, CA 9/202	EIND COM OTH PTY SCC	Engineering hampger, Nestle USA	\$175.00	\$125.00	
312013	Watter J. Karabian Los Angeles, CA 90017	IND COM OTH STY	Lawyer	\$200.00	\$200.00	
			SUBTOTALS	925 00		

Schedule A Summary		
Amount received this period – itemized monetary contributions.		_
(Include all Schedule A subtotals.)	\$ 75	1

2. Amount received this period – unitemized monetary contributions of less than \$100 _____\$ 1321

*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.)

CALIFORNIA ACC

Statement covers period

2350.00

SUBTOTALS

		to whole	dollars.	from 3117			ORM 460
				through b 3	0 13	Page_	5 of 12
NAME OF FILER						I.D. NU	MBER
<u>e</u>	reg Krikorian					13	54750
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TODATE (IF REQUIRED)
<i>3 25</i> 13	John C. Haedrich Glendale, UA 91201	FIND COM OTH PTY SCC	Administrator Dreirs Nursing Center	\$250.00	\$250.00	,	
3/25/13	Murad M. Minasian Montebello, CA 90640	MIND COM OTH PTY SCC	Senior Sales Exec. Levi Strauss and Company	\$500.00	\$500.00)	
3/25/13	Allen E. Brandstater Glendale, CA 91208	IND COM	Publicist, Brandstater Associates	\$100.00	₫350.∞		
4/1/13	California Commerce Club, Inc. Commerce, CA 900-10	☐IND ☐COM ☐OTH ☐PTY ☐SCC		J. 1,000.00	\$1,000.	00	
411/13	Disney Worldwide Services, Inc	□IND □COM ØOTH □PTY		\$500.00	\$500.0	ა	

□scc

*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

Burbank, CA 91505

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

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

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

Statement covers period from 3|17|13 CALIFORNIA 460 FORM 460 through 6|30|13 Page 6 of 12

I.D. NUMBER

	Greg Krikorian					1	354750
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TODATE (IF REQUIRED)
4 18 13	Industry Trader corporation Burbank, CA 91502	DIND DOM DOTH PTY SCC		\$ 500.00	\$500.00)	
418/13	Los Angeles, CA 90005	□IND □COM MOTH □PTY □SCC		\$250.00	\$250.00	ر	
512113	Ara Tavition La Canada, CA 91011	MIND COM OTH PTY SCC	MD, CGHC	\$900.00	\$900.00		
512/13	Avedis Taritian Glendalr, CA 91205	MIND COM OTH PTY S&	MD, Self employed	\$400.00	O. 00P#)	
5116113	Adel Luzuriaga Glendale, CA 91202	MIND COM OTH PTY SCC	Agent, Realty Benefit Systems	\$100.00	\$100.00		
			SUBTOTALS	2650.00			

*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)

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole	be rounded	Statement co	·		SCHEDULEA (GON FORNIA 460 ORM 12
NAME OF FILER	Greg Krikorian					1.D.NU	MBER 54750
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN, 1 - DEC	D DATE (EAR	PER ELECTION TODATE (IF REQUIRED)
5/20/13	Lucy and Oshin Harastoonia Granada Hills, CA 91394.	MIND COM	CEO, Primex Clinical Laboratories	\$250.00	\$250.0	0	
513913	Allied West Paper Corporation Fontana, (A 92337	IND COM SOTH PTY SCC		\$1,000.00	\$1,000.0	0	
6118/13	Tribeca Investments Group, LLC Glendale 91207, CA	□IND □COM 20TH □PTY □SCC		\$200.00	\$200.0 0	>	
6118113	Durfalian and Durfalic Attornays at Law brendale, CA 91203	□IND □COM ØOTH □PY □S&		\$ 200.00	\$200.00		
		DED COM OTH DETY SCC					

SUBTOTAL \$

1650.00

*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 E	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

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

	SCHEDULEE
Statement covers period	CALIFORNIA /CO
from 3 1 1 1 1 3	FORM 400
through 6 30 13	Page 8 of 12
	I.O. NUMBER
	1354750

NAME OF FILER Grea Krikorian

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalla/misc. MBR member communications

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees FIL. FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

polling and survey research postage, delivery and messenger services 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 THC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. MUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Star Mailing Services, Inc. Los Angeles, CA 90065	LIT Mailings	\$1423.69
Barev TV Glendale, CA 91204	TEL TV airtime	\$ 250.00
AMGA TV Glendule, Ut 91201	TEL TV air-lime	\$300.00

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

SUBTOTAL\$

Schedule E Summary

٦.	. Itemized payments made this period. (Include all Schedule E subtotals.)	8141.	<u> </u>
2.	. Unitemized payments made this period of under \$100\$	11,544	167
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	<u>-0 -</u>	<u> </u>
4.	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	97423	

Schedule E	
(Continuation Sheet)	Ì
Payments Made	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Grea

Type or print in lnk.

SCHEDULE E (CONT.)

ion Sheet) Made	Amounts may be rounded to whole dollars.	from 3 11113	CALIFORNIA 460
ON REVERSE		through 6 30 13	Page 9 of 12
Kri Korian			I.D. NUMBER 135 4750

CMP CNS CTB CVC FIL FND NO	independent expenditure supporting/opposing others (explain)*	S the MBR MTG OFC PET PHO POL POS	member com meetings and office expen petition circul phone banks polling and s	munication I appearan ses ating urvey rese	s ices	RAD RFD SAL TEL TRC	describe the payment. radio alrime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the	als
LEG	legal defense campaign literature and mailings	PRO PRT			egal, accounting)	VOT	voter registration information technology costs (interne	••••
· ·	NAME AND ADDRESS OF PAYEE			CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Art Tarang.	SAL	PR .	\$ 200.00
Glendale CA 91201			
HABC TV	TEL	TV airtimp.	\$300.00
Glendale, CA 91201			
Political TEI Systems	PHO	Robo calls	\$ 325.36
Dlays del Ray CA 96283			3 0.00
Rozetta Yaghouh	SAL	Administrative.	\$240.13
Glendale, CA 91205			9210.13
AABC TV	TEL	TY airtime	\$200.00
Glendale, CA 91201			\$200.00

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

SUBTOTAL \$

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	le

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE E (CONT.)

Statement covers period from 31713	CALIFORNIA 460
through 6 30 13	Page 10 of 12
	1354150

Krikorian.

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

CMP campaign paraphernalia/misc. ONS campaign consultants CIB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

LEG legal defense

MSR 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

staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same cendidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Verizon Wirelesc Acmorth, CA 30101-9006	OFC	Telephone	\$362.60.
Print on All Glendale 1 (A 9120)	LIT	Letterhead Flyers	\$ 300.00
Giendale, CA 91201	TEL	TV airtimp.	\$400.00
Sedna Solutions Glendale, CA 91203	CNS	Nebsite and Social Network consulting	\$ 914.54.
Print on All Glendale, CA 91201	レナ	Lotterhead	\$257.24

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

SUBTOTAL S

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

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (CONT.)

Statement covers period from 31713	CALIFORNIA 460
through 6 30 13	Page // of /2
	1.D.NUMBER 1.354750

NAME OF FILER

Grea Klikorian

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

OVP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events M independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications RAD radio airtime and production costs meetings and appearances returned contributions SAL campaign workers' salaries

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRT print ads

TEL Lv. or cable airtime and production costs candidate travel, lodging, and meals TRC TRS staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Glendale, CA 91206	CMP	Condidate Statement	\$404.45
Burbank, CA 91506	oFC	office Supplies.	\$116.39
Palatine, IL 60094-4014	смР	Yard signs, office supplies	\$904.48
Costco Wholesale. Burbank, CA 91506	0‡C	office supplies.	\$ 146.22
Chase Palatine, 12 60094-4014	FND	event / LEU's	\$ 634.78

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

SUBTOTAL S

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA** FORM Page 12 of 12 I.D. NUMBER 135 4750

Grea Krikorian

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

CMP campaign paraphemalia/misc. ONS compaign consultants CIB contribution (explain nonmonetery)* CVC civic donations candidate filing/ballot fees

FIL FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MER member communications MTG meetings and appearances

office expenses OFC petition circulating PET

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services PRO

professional services (legal, accounting) print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers salaries

t.v. or cable airtime and production costs. TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PÁID
American Express	WEB	Vertical Response	\$270.78
Lois Angeles, CA 90096.			
Cost co Wholesalp,	oFC		\$247.02
Burbank, CA 91506			

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

SUBTOTAL \$