Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			City of San Clemen	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year)	OCT 22 2024 City Clerk Departme	Page 1 of 16 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Speciermination) Speciermination	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee information	. NUMBER .464202	Treasurer(s) NAME OF TREASURER Jen Slater MAILING ADDRESS CITY I	STATE ZIP C	ODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOOK STATE ZIP CO. OPTIONAL: FAX / E-MAIL ADDRESS	DX .	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my known that the foregoing in true and correct	wledge the information contained he Signature of Treasurer or Assistant		ules is true and complete. I certify
Executed on	By	Signature of Preasurer or Assistant crolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S		

	COVER	PAGI	- PART
CALIF	FORNIA DRM	4	160
Page _	2	of _	16

. Officeholder or Candidate Controlled Committee			Primarily Formed Ballo				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE BEACH PROTECTION, REST	ORATION, (CLEAN OCEAN	MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		Z CURRORT
	Ser Chinachterstonestation in the Committee of the Commit		ВВ	CITY OF S	AN CLEMENTE		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, ca	ndidate, or st	ate measure	proponent, if any.
Related Committees Not Included in this St	atement: List any committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive indidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic	eholder Co	mmittee L	ist names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	YES NO		NAME OF OFFICEHOLDER OR C		OFFICE SOU	-	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMART P.	AGE
Statem	ent covers period	CALIFORNIA 16	1
from	09/22/2024	FORM 40	4
through _	10/19/2024	Page3 of16	-
		I.D. NUMBER	_

OLIMAN AND VIDAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Beach Stewards for San Clemente, Yes on BB 1464202 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 20. Contributions 19,110.00 88,610.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 550.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 19,110.00 89,160.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 83,849.64 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 83,849,64 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 (mm/dd/yy) 0.00 550.00 84,399.64 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ 43,806.73 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 19,110.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 57,692.85 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,223.88 figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ for this calendar year, only 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ _____ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov		CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE			through	024			
NAME OF FILER				tillough	-	Page .	4 of16	
Beach Stewa	rds for San Clemente, Yes on BB					I.D. NU		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE AR	PER ELECTION TO DATE (IF REQUIRED)	
09/22/2024	Cathe Callender	⊠IND □COM □OTH □PTY □SCC	Developer Cathe Callender	2,000.00	Medical Control of Control of Control	00.00		
	Julian Gates	⊠IND □COM □OTH □PTY □SCC	Retired Retired	200.00	2(0.00		
09/23/2024	Bengard Family Trust - Kim Bengard	⊠IND □COM □OTH □PTY □SCC	Investor It Takes A Family Foundation Inc.	10.00	5,01	0.00		
09/23/2024	Mitch Kahn	IND COM OTH PTY	Retired Retired	200.00	20	0.00		
0972372024	Orange County Professional Firefighters Assn (ID# 1473467) 1121 L Street Ste 200 Sacramento, CA 95814	□IND ICOM □OTH □PTY □SCC		11,000.00	11,00	0.00		
			SUBTOTAL\$	13,410.00				
1. Amount red (Include all 2. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions of the contributions of the contributions of the contributions received this period.	of less than \$	\$ 100 \$	19,110.00	IND – In COM –	Recipien (other th Other (e	t Committee an PTY or SCC) .g., business entity)	
(Add Lines	1 and 2. Enter here and on the Summary Page, Colum	n A, Line 1.)	TOTAL \$	19,110.00			ntributor Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole	y be rounded dollars.	Statement cov from09/22, through10/19,	/2024 Pag	CALIFORNIA 460 FORM of 16		
Beach Stewar	ds for San Clemente, Yes on BB					NUMBER 64202		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTERID. NUMBER) Bengard Family Trust - Kim_Bengard	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)			
09/30/2024	Marisa Eads	☑IND □COM □OTH □PTY □SCC	Investor It Takes A Family Foundation Inc.	5,000.00	5,010.0	00		
10/03/2024		☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00	200.0	0.0		
10/03/2024	James Johnson	⊠IND □COM □OTH □PTY □SCC	Retired Retired	500.00	500.0	0		
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL\$	5,700.00				

*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 E Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from09/22/2024			CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ough _	10/19/202	4	Page6	of16
								I.D. NUME	BER
Beach Stewards for San Clemente, Yes on BB								1464202	2
CODES: If one of the following codes accurately describes CMP 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 LIT campaign literature and mailings	MBR member.com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance uses ulating s survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returno campa t.v. or candid staff/sp transfe voter r	airtime and pro ed contribution aign workers' cable airtime late travel, lod bouse travel,	oduction cos ns salaries and producti ging, and me lodging, and mmittees of	on costs eals meals the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR D	ESCRIPTION	N OF PAY	MENT			AMOUNT PAID
2print.com 1800 Thibodo Rd Suite 300 Vista, CA 92081		CMP	Outdoor Signs						2,868.84
Campaign Compliance Group 9070 Irvine Center Drive #150 Irvine, CA 92618		PRO							460.00
Steven R. Lang		FND	See Schedule G	for Detai	ils				800.00
* Payments that are contributions or independent expenditures m	ust also be summa	arized on S	chedule D.				SUBTO	TAL\$	4,128.84
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)							e	57,692.85
2. Unitemized payments made this period of under \$100			•••••				•••••••••	\$	0.00
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part 1	, Column (e).)				•••••••	φ	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on th	e Summar	y Page, Column A	A, Line 6.)			TOTAL	\$	57,692.85

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA AGO
from09/22/2024	FORM 400
through10/19/2024	Page7 of16
	I.D. NUMBER
	1464202

Beach Stewards for San Clemente, Yes on BB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals fundraising events polling and survey research TRS independent expenditure supporting/opposing others (explain)* staff/spouse travel, lodging, and meals postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** LEG legal defense professional services (legal, accounting) campaign literature and mailings VOT voter registration LIT PRT print ads 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 Times Media Group PRT 34932 Calle del Sol, Ste B 3,480.00 Capistrano Beach, CA 92624 Bank of America OFC 67 Technology 30.00 Irvine, CA 92618 US Capital Marketing Inc. LIT 3308 W. Warner Ave 1,469.20 Santa Ana, CA 92704 Pacific Political Inc LIT 1800 Thibodo Road, Suite 300 12,418.33 Vista, CA 92081 CapTech/eFundraising Connections, LLC OFC 2831 G St Ste 200 85.55 Sacramento, CA 95816

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

SUBTOTAL \$

17,483.08

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

Payments Made	Amounts may b to whole do			from09/22/2024	CALIFOR FORM	^{RNIA} 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through10/19/2024	Page	8 of16
Beach Stewards for San Clemente, Yes on BB					I.D. NUMBE	R
	11				1464202	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearan ses lating survey reses very and m	s ces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaried t.v. or cable airtime and production RFD returned contributions SAL campaign workers' salaried t.v. or cable airtime and production recommendation transfer between committee voter registration recommendation technology cost	on costs oduction costs and meals g, and meals ees of the same	OF THE STREET,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Google Inc 1600 Amphitheatre Parkway Mountain View, CA 94043		WEB				60.00
Signhouse 103 Via Pico Plaza San Clemente, CA 92672		CMP	Banners			1,198.61
limes Media Group 4932 Calle dol Sol, Ste B apistrano Beach, CA 92624		PRT				2,714.00
K Burgers Catering 212 S Lyon Street anta Ana, CA 92705		FND	Deposit for Event	Catering		500.00
nsung Studio LLC 00 Ola Vista an Clemente, CA 92672		CNS				500.00
Payments that are contributions or independent expenditures must also	- h					
	o be summarized on S	cneaule D.		SI	JBTOTAL \$	4,972.61

Schedule F (Continuation Sheet)

Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA Payments Made** to whole dollars. **FORM** 09/22/2024 from SEE INSTRUCTIONS ON REVERSE 10/19/2024 through 16 of_ NAME OF FILER I.D. NUMBER Beach Stewards for San Clemente, Yes on BB 1464202 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications CNS campaign consultants RAD radio airtime and production costs meetings and appearances CTB contribution (explain nonmonetary)* returned contributions **RFD** OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FIL candidate filing/ballot fees TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* TRS IND staff/spouse travel, lodging, and meals POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) campaign literature and mailings VOT voter registration 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 2print.com 1800 Thibodo Rd Suite 300 LIT 881.33 Vista, CA 92081 Google Inc 1600 Amphitheatre Parkway WEB 163.03 Mountain View, CA 94043 Campaign Compliance Group 9070 Irvine Center Drive #150 PRO 495.00 Irvine, CA 92618 The Lime Truck, LLC 92 Corporate Park, Ste C-812 FND 10/5 Event Catering Costs 1,740.30 Irvine, CA 92606 Google Inc WEB 1600 Amphitheatre Parkway 200.00 Mountain View, CA 94043 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,479.66

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

Payments Made	Amounts may be to whole do	e rounded ollars.		Statement covers period from09/22/2024	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through10/19/2024	Page	10 of 16
Beach Stewards for San Clemente, Yes on BB					I.D. NUMB	ER
					1464202	2
CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MISK member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance uses lating s survey reseas ivery and me	es	rwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, an Staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB	duction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID
2print.com 1800 Thibodo Rd Suite 300 Vista, CA 92081		CMP	Outdoor Signs			967.11
			<u> </u>			
CapTech/eFundraising Connections, LLC 2831 G St Ste 200 Sacramento, CA 95816		OFC				25.10
Steven R. Lang		FND	10/5 Event Supplie	S		365.31
Pacific Political Inc 800 Thibodo Road, Suite 300 Fista, CA 92081		СМР	P2P Voter Data & T	exting Program		8,674.62
ed Stelle		WEB				
						612.00
Payments that are contributions or independent expenditures must al	so be summarized on S	chedule D.		OUR	TOTAL &	42.22.200
			10000	SUE	STOTAL \$	10,644.14

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

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** 09/22/2024 from SEE INSTRUCTIONS ON REVERSE through ___ 10/19/2024 Page ___11 16 of_ NAME OF FILER I.D. NUMBER Beach Stewards for San Clemente, Yes on BB 1464202 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications radio airtime and production costs CNS campaign consultants meetings and appearances 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 FND TRC candidate travel, lodging, and meals fundraising events polling and survey research independent expenditure supporting/opposing others (explain)* staff/spouse travel, lodging, and meals IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense 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 TK Burgers Catering FND 2212 S Lyon Street Event Catering Costs 2,121.77 Santa Ana, CA 92705 Google Inc WEB 1600 Amphitheatre Parkway 350.00 Mountain View, CA 94043 Steven R. Lang FND Deposit for Lime Truck 1,120,78 2print.com CMP 1800 Thibodo Rd Suite 300 Outdoor Signs 967.11 Vista, CA 92081 Pacific Political Inc 1800 Thibodo Road, Suite 300 CMP Voter Contact Messaging 2,333.05 Vista, CA 92081 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,892.71

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

yments Made Amounts may be rounded to whole dollars. fr		from	tatement covers per	CALIFO FOR	ORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Beach Stewards for San Clemente, Yes on BB				throu	ugh10/19/2024	Page	12 of 16 BER
						146420	2
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey reseau very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pr returned contributio campaign workers' t.v. or cable airtime candidate travel, lod staff/spouse travel,	roduction costs ons salaries and production cost dging, and meals lodging, and meals ommittees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Pacific Political Inc 1800 Thibodo Road, Suite 300 7ista, CA 92081		LIT				F	8,436.48
Signhouse 03 Via Pico Plaza San Clemente, CA 92672		CMP	Banners	ı			1,155.33
oogle Inc 600 Amphitheatre Parkway Jountain View, CA 94043		WEB					500.00
Payments that are contributions or independent expenditures must als	o be summarized on S	chedule D				OUE	
	arized off o	oncaule D.				SUBTOTAL \$	10,091.81