## 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			
Statement covers period	CALIFORNIA 4 C			
from 5/21/06	FORM 460			
through 630 06	9 / 10			
	1.5.10.40.55			

SEE INSTRUCTIONS ON REVERSE	through 6 30 06	9 / 10
NAME OF FILER Friends of Don Meredith		I.D. NUMBER
		1279717
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

## Sheila McNichols

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		candidate travel, lodging, and meals	
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
	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, email)	

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

NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER	YEE OR CREDITOR I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Center for Elder Care, Inc.	ID:	LIT		1372.50
U.S. Postal Service Main Post Office	ID:	LIT		2563.29
	ID:			
	ID:			
	ID:			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$