## 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 G
State	ment covers period	CALIFORNIA 460
m	07/01/2006	FORM 400

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF SHERIFF LEE BACA

TOTAL 12/31/2006

Through 12/31/2006

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I.D. NUMBER
1274441

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BRIAN RIX & ASSOCIATES

ND

LEG

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

print ads

campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances office expenses CTB contribution (explain nonmonetary)\* OFC CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks polling and survey research FND fundraising events

independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services legal defense

PRO professional services (legal, accounting)

T campaign literature and mailings PRT

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)

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

	NAME AND ADDRES: (IF COMMITTEE, A	S OF PAYEE OR CREDITOR ALSO ENTER I.D. NUMBER)	CODE	OR .	DESCRIPTION OF PAYMENT		AMOUNT PAID
J.S. POSTMASTER			POS				3,531.86
						•	
<u> </u>			 				
	<del> </del>		 		<del></del>		
		;					
		•					

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

3,531.86

<sup>\*</sup> 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 G	·
<b>Payments M</b>	lade 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 CALIFORNIA FORM FORM

Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2006	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 12/31/2006	Page16 of19
NAME OF FILER FRIENDS OF SHERIFF LEE BACA	:		I.D. NUMBER 1274441
NAME OF AGENT OR INDEPENDENT CONTRACTOR CHESTER CHONG			

professional services (legal, accounting)

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 cost

print ads

PRO PRT

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

FIL candidate filing/ballot fees
FND fundraising events
ND independent expenditure supporting/opposing others (explain)\*

LEG legal defense
LIT campaign literature and mailings

MBRmember communicationsRADradio airtime and production costsMTGmeetings and appearancesRFDreturned contributionsOFCoffice expensesSALcampaign workers' salariesPETpetition circulatingTELt.v. or cable airtime and production costsPHOphone banksTRCcandidate travel, lodging, and meals

PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
TRC candidate travel, lodging, and meals
staff/spouse travel, lodging, and meals
TRS transfer between committees of the sai

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SHERIFFS' EMPORIUM II	OFC		571.7
		•	
		<del>.</del>	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

571.79

<sup>\*</sup> 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 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 G
State	07/01/2006	CALIFORNIA 460

Contractor (on Benair of This Committee)		from0770172006	FURIM	
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2006</u>	Page17 of	19
NAME OF FILER			I.D. NUMBER	
FRIENDS OF SHERIFF LEE BACA			1274441	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	<del></del>	<del></del>		

NAME OF AGENT OR INDEPENDENT CONTRACTOR

VINCENT CHONG

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwis	e, 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	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	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
ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D	CODE	DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SEA HARBOUR SEAFOOD RESTAURANT, INC.	 MTG			978.34
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	}			
	ı			ł
	<del>'</del>	<del></del>		<del></del>

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

978.34

<sup>\*</sup> 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 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.

				SCI	HEDUL	ΕG
State	ment covers period	CALIF	ORN	Α	10	$\overline{\mathbf{a}}$
from <u>.    </u>	07/01/2006	FO	RM		<b>40</b>	J
through	12/31/2006	Page	18	of_	19	
		I.D. NUM	BER			

1274441

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF SHERIFF LEE BACA

NAME OF AGENT OR INDEPENDENT CONTRACTOR

U.S. BANK

CODES:	if	one of the	ne following	g codes	accurately	describes	the	payment,	you	may	enter	the code	Othe	erwise,	describe	the	payment.	

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)\* LEG legal defense ЦΤ

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 postage, delivery and messenger services professional services (legal, accounting) PRO 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

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF F (IF COMMITTEE, ALSO EN	AYEE OR CREDITOR TER I.D. NUMBER)	CODE C	DR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE TERIYAKI HOUSE	: :	MTG		· .	329.13
	£				
	·	<u></u>			
	_				

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

329.13

<sup>\*</sup> 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 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 G				
State	ment covers period	CALIFORNIA 460				
from	07/01/2006	FORM 400				
through	12/31/2006	Page19 of19				
<del></del>		I.D. NUMBER				

1274441

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FRIENDS OF SHERIFF LEE BACA

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LARRY L. WALDIE

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	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, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FOUR SEASONS HOTEL	MTG		1,757.01
FOUR SEASONS HOTEL	MTG		500.00
•			
		·	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

2,257.01

<sup>\*</sup> 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.