SCHEDULE F

| Schedule F Accrued Expenses (Unpaid Bills) | Type or print in ink. Amounts may be rounded to whole dollars. | | Statement covers period from// / / / / / | | CALIFORNIA FORM 460 | | |
|--|--|---|---|----------|------------------------|--|--|
| | | | through2 | 31 06 | | 19 / 22 | |
| SEE INSTRUCTIONS ON REVERSE | I | | | | | I.D. NUMBER | |
| Masse for Sheriff | | | | | | | |
| CODES: If one of the following codes accurately describes | the payment, you may ent | er the code. Otherw | ise, describe the pay | /ment. | 127314 | •• | |
| 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and I PRO professional services (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/sponso VOT voter registration WEB information technology costs (internet, email) | | | | | |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) (c) AMOUNT INCURRED THIS PERIOD (ALSO REPORT | | סכ | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | |
| ID: Citi Cards | Payment of Accrued Expen | 30649.51 s- | 0.00 | 306 | 649.51 | 0.00 | |
| ID: Imagine This - Worldwide Promotional Marketing Solution | СМР | 10938.76 | 0.00 | 109 | 938.76 | 0.00 | |
| ID: | LIT | 8000.00 | 0.00 | | 00.00 | 0.00 | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | e SUBTOTALS | \$ 4958827 | <u> </u> | 4958 | 8.27 | - D - | |
| Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Se accrued expenses of \$100 or more, plus total unitemized a | | | INCU | RRED TOT | ALS \$ _ | 0.00 | |
| 2. Total accrued expenses paid this period. (Include all Sched accrued expenses of \$100 or more, plus total unitemized p | | | | PAID TOT | ALS\$_ | 54588.27 | |
| 3. Net change this period. Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.) | | | | 1 | NET \$ | -54588.27 ay be a negative number. | |

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FPPC Form 460 (June/01)

SCHEDULE F

| Schedule F Accrued Expenses (Unpaid Bills) | Type or print In Ir Amounts may be rou to whole dollars | Statement covers period from 7/104 through 12/31/04 | | CALIFORNIA 460 | | | | |
|--|---|--|---------------------------------------|--|-------------|---|--|--|
| | | | | | | | | |
| NAME OF FILER Masse for Sheriff | | | | | I.D. NUMBEI | | | |
| | 1273146 | | | | | | | |
| CODES: If one of the following codes accurately describes t | the payment, you may ent | ter the code. Otherw | ise, describe the pay | ment. | | | | |
| 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services 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/spons VOT voter registration WEB information technology costs (internet, email) | | | | | | |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (C) AMOUNT P/ THIS PERIC (ALSO REPORT (| о в | (d) OUTSTANDING ALANCE AT CLOSE OF THIS PERIOD | | |
| Toll Free Zone | РНО | 5000.00 | 0.00 | 50 | 00.00 | 0.00 | | |
| | | | | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | <u>\$ 5000</u> - | ; 0.00\$ | 5000 |), | 0.00 | | |
| Schedule F Summary | | | | | | | | |
| 1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a | INCURRED TOTALS \$ | | | | | | | |
| 2. Total accrued expenses paid this period. (Include all Sched accrued expenses of \$100 or more, plus total unitemized p | | | | | ALS \$ | | | |
| 3. Net change this period. Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.) | | | | N | IET \$ | e a negative number. | | |

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