

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY OF GARDEN GROVE
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DATE STAMP
2011 FEB - 3 A 10:10

CALIFORNIA
2005/06
FORM
460

1 / 12
For Official Use Only

Date of election if applicable: (Month, Day, Year) _____

Statement covers period from 07/01/2010 through 12/31/2010

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.**
- Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5.)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee
- Ballot Measure Committee
 Primary Formed
 Controlled
 Sponsored
(Also Complete Part 6.)
 Primary Formed Candidate/Officeholder Committee
(Also Complete Part 7.)

- 2. Type of Statement:**
- Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below) _____
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends Of Andrew Do

I.D. NUMBER
1308501

STREET ADDRESS (NO P.O. BOX)
558 S Harbor Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE
Anaheim CA 92805-4524 (714) 783-7229

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

MAILING ADDRESS
976 Pacific Avenue

CITY STATE ZIP CODE AREA CODE/PHONE
Willows CA 95988-9788 (530) 934-5823

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/11 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT-TREASURER

Executed on 1/29/11 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee Campaign Statement Cover Page - Part 2

| |
|-------------------------------|
| CALIFORNIA FORM 460 |
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Andrew Do

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: City Council Member
City Garden Grove n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12866 Main Street Garden Grove CA 92840-5158
Suite 202

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O.BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O.BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>20100701</u> through <u>20101231</u> | CALIFORNIA FORM 460 |
| | 3 / 12 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 \$ 1000.00 | \$ 2000.00 |
| 2. Loans Received | Schedule B, Line 7 0.00 | 18152.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 1000.00 | \$ 20152.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 4811.63 | 5411.63 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 5811.63 | \$ 25563.63 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|--|------------------|-------------|
| 20. Contribution Received \$ <u>0.00</u> | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made \$ <u>0.00</u> | | |

Expenditures Made

| | | |
|--|--------------------------------|-------------|
| 6. Payments Made | Schedule E, Line 4 \$ 90.00 | \$ 4200.24 |
| 7. Loans Made | Schedule H, Line 7 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 90.00 | \$ 4200.24 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 -4638.63 | 14095.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 4811.63 | 5411.63 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ 263.00 | \$ 23706.87 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| | |
|-----------------------------|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| <u>n/a</u> | \$ <u>n/a</u> |
| <u>n/a</u> | \$ <u>n/a</u> |

Current Cash Statement

| | |
|---|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 \$ 215.01 |
| 13. Cash Receipts | Column A, Line 3 above 1000.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0.00 |
| Cash Payments | Column A, Line 8 above 90.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1125.01 |

If this is a termination statement, Line 16 must be zero.

| | |
|------------------------------------|----------------------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 \$ 0.00 |
|------------------------------------|----------------------------|

Cash Equivalents and Outstanding Debts

| | |
|-----------------------------|---|
| 18. Cash Equivalents | See instructions on reverse \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above \$ 32247.00 |

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 for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>20100701</u> | | CALIFORNIA FORM 460 |
| through <u>20101231</u> | | |
| I.D. Number <u>1308501</u> | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Andrew Do

| DATE RECEIVED | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 12/30/2010 | Milan Capital Management, Inc. Trust 888 S Disneyland Drive Suite 101 Anaheim CA 92802-1845 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 | 1000.00 | |

| | |
|--------------------|----------------|
| SUBTOTAL \$ | 1000.00 |
|--------------------|----------------|

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1000.00

2. Amount received this period - unitemized contributions of less than \$100 \$ 0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1000.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 20100701
through 20101231

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
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NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER
1308501

| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
|--|---|--|--|---|--|--------------------------------------|---|--|
| | \$ | \$ | \$ | \$ | RATE | \$ | PER ELECTION** | |
| Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 152.00 | 0.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 152.00 <i>on demand</i> | 0.00 % 0.00 | 152.00 12/05/2008 | 6811.63 | |
| Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 11000.00 | 0.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 11000.00 <i>on demand</i> | 0.00 % 0.00 | 20000.00 10/24/2008 | 6811.63 | |
| Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 2000.00 | 0.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 2000.00 12/31/2012 | 0.00 % 0.00 | 2000.00 04/30/2010 | 6811.63 | |
| SUBTOTALS \$ 0.00 \$ 0.00 \$ 0.00 \$ 13,152.00 \$ 0.00 | | | | | | | | |

Schedule B Summary

1. Loans received this period. _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____ \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ \$ _____
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.
** If required.

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

CALIFORNIA 460 FORM

Statement covers period
from 20100701
through 20101231

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|--|--------------------------------------|---|
| | | | | | | | | |
| Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: Ref: L4_m <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | County of Orange Chief of Staff | \$ 5000.00 | \$ 0.00 | \$ <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN | \$ 5000.00 <i>on demand</i> | 0.00 % RATE | \$ 5000.00 | \$ 6811.63 |

SUBTOTALS \$ 0.00 \$ 0.00 \$ 18152.00 \$ 0.00

Schedule B Summary

- Loans received this period. 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period. 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

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

SCHEDULE B1 Notes

| Form/Schedule | Reference No | TEXT |
|---------------|--------------|---------------------|
| B1 | L3_m | Due Date: On Demand |
| B1 | L2_m | Due Date: On Demand |
| B1 | L5_m | Due Date: On Demand |

SCHEDULE B1 Notes

| Form/Schedule | Reference No | TEXT |
|---------------|--------------|---------------------|
| B1 | L4_m | Due Date: On Demand |

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 20100701
through 20101231

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. Number

1308501

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| Rcpt Dt: 09/13/2010 | Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief of Staff County of Orange | Misc. Campaign Expenses | 4811.63 | 6811.63 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4811.63

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4811.63
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 4811.63

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

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

| | |
|--|-------------------------------|
| Statement covers period from <u>20100701</u> through <u>20101231</u> | CALIFORNIA FORM 460 |
| I.D. NUMBER 1308501 | |

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT 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 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 TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email) |
|--|--|--|

| NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| ID: | | | | |

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

SUBTOTAL \$ 0.00

Schedule E Summary

| | | |
|--|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 0.00 |
| 2. Unitemized payments made this period of under \$100. | \$ | 90.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 90.00 |

Schedule F Accrued Expenses (Unpaid Bills)

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

| | |
|---|-------------------------------|
| Statement covers period from <u>20100701</u> | CALIFORNIA FORM 460 |
| through <u>20101231</u> | |
| I.D. NUMBER <u>1308501</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do

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 | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | 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) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|------------------------|-----------------------------------|---|---------------------------------------|---|--|
| Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID: | CNS | | 7500.00 | 0.00 | 0.00 | 7500.00 |
| Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID: | LIT | | 2150.00 | 0.00 | 0.00 | 2150.00 |
| Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID: | PHO | | 4272.00 | 0.00 | 0.00 | 4272.00 |
| SUBTOTALS \$ <u>13,922.00</u> | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 13,922.00 |

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ -4638.63**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -4638.63**

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|---|-------------------------------|
| Statement covers period from <u>20100701</u> | CALIFORNIA FORM 460 |
| through <u>20101231</u> | |
| I.D. NUMBER 1308501 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do

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 | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND 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) |

| 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 PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|------------------------------------|---|---------------------------------------|---|--|
| Bank of America 1100 N King Street Wilmington DE 19884-0011 | CMP Forgiven- Paid by Candidate | 4811.63 | -4811.63 | 0.00 | 0.00 |
| CompleteCampaigns.com 205 Pennsylvania Avenue SE Washington DC 20003-1164 | OFC | 0.00 | 173.00 | 0.00 | 173.00 |

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ -4638.63**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -4638.63**