

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

1118

For Official Use Only

COVER PAGE
CALIFORNIA 2007/02 FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10/01/2008</u> through <u>10/18/2008</u>	Date of election if applicable: (Month, Day, Year) <u>10/08</u> <u>11/04/2008</u>	OCT 23 A 11: 02
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee (Also Complete Part 5.)
- 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

ID NUMBER
1308501

Treasurer(s)

NAME OF TREASURER
Mrs. Kelly A Lawler

STREET ADDRESS (NO P.O. BOX)
12866 Main Street
Suite 202

CITY
Garden Grove

STATE
CA

ZIP CODE
92840

CITY
Willows

STATE
CA

ZIP CODE
95988-9788

AREA CODE/PHONE
(530) 934-5823

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

CITY

STATE

ZIP CODE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS
(530) 934-5776

STATE

AREA CODE/PHONE

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 10/22/08

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/21/08

By _____

SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT

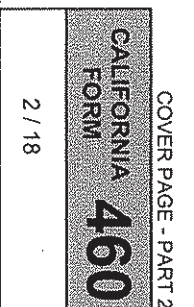
Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.



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

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.

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
	3 / 18

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 \$ 7850.00	\$ 65241.00
2. Loans Received	Schedule B, Line 7 0.00	10000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 7850.00	\$ 75241.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	5635.40
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 7850.00	\$ 80876.40

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 34463.84	\$ 58240.16
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 34463.84	\$ 58240.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 44531.01	48977.84
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	5635.40
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 78994.85	\$ 112853.40

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>	<u>n/a</u>	\$ <u>n/a</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 44614.68
13. Cash Receipts	Column A, Line 3 above 7850.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
Cash Payments	Column A, Line 8 above 34463.84
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 18000.84

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0.00
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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 \$ 58977.84

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.

Statement covers period
from 10/1/18
through 10/18/18

CALIFORNIA
FORN
460

SCHEDULE A

4 / 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do
I.D. Number
1308501

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: 10/15/2008	Garden Grove Secured Storage 3700 Campus Drive Suite 106 Newport Beach CA 92660-2678 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 10/15/2008	Ryan G. Trabucco 4134 4th Avenue Apt. 319 San Diego CA 92103-1493 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Web Designer Self-Ryan Trabucco	175.00	350.00	
Rcpt Dt: 10/09/2008	Dana L. Decker 231 16th Street Seal Beach CA 90740-6514 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	250.00	250.00	
Rcpt Dt: 10/09/2008	Associated Builders and Contractors PAC of Southern California 7185 Navajo Road Suite L San Diego CA 92119-1648 ID: 1282257	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 10/09/2008	Sarah L. Catz 18101 Von Karman Avenue Suite 1800 Irvine CA 92612-0177 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sarah Catz Attorney	250.00	250.00	
SUBTOTAL \$				175.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7850.00
- Amount received this period - unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7850.00

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 10/1/08
through 10/18/08

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends Of Andrew Do
I.D. Number: 1308501

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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: 10/09/2008	Ryan G Trabuco 4134 4th Avenue San Diego CA 92103-1493 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Web Designer Self-Ryan Trabuco	175.00	350.00	
Rcpt Dt: 10/09/2008	Tom Bui 9625 Bolsa Avenue Westminster CA 92683-5906 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pho Thanh Restaurant	500.00	500.00	
Rcpt Dt: 10/09/2008	Garden Grove Police Association Public Affairs Committee 11432 Kearney Way Garden Grove CA 92840-2320 ID: 960881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 10/18/2008	Garden Grove Firefighters PAC 12866 Main Street Garden Grove CA 92840-5298 ID: 780696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	10000.00	
SUBTOTAL \$				<u>10675.00</u>		

Schedule A Summary

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

*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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 6 / 18	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do

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 Do 9611 Shannon Avenue Garden Grove CA 92841-2627 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor Janet Nguyen Chief of Staff	\$ 10000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE	0.00 % RATE	\$ 10000.00 07/17/2008 DATE INCURRED	\$ 10000.00 PER ELECTION** CALENDAR YEAR
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 10000.00	\$ 0.00		

Schedule B Summary

- Loans received this period: \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) **Net \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

* 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 E
Payments Made**

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
	7 / 18
	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 | tv. 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The KAL Group 976 Pacific Avenue Willows CA 95988-9788		PRO		581.66
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS		4155.00
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS		2336.00
SUBTOTAL \$				7072.66

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 34463.84
- Unitemized payments made this period of under \$100. \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 34463.84

**Schedule E
Payments Made**

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

Statement covers period from <u>10/11/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 8 / 18	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends Of Andrew Do
I.D. NUMBER: 1308501

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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gilliland Blanning Wysocki & Associates, Inc. 921 11th Street Suite 400 Sacramento CA 95814-2882		CMP		1836.83
Political Data, Inc. 825 S Victory Boulevard Burbank CA 91502-2428		LIT		223.36
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS		2660.00
SUBTOTAL \$				4720.19

Schedule E Summary

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
 - Unitemized payments made this period of under \$100. \$ _____
 - Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
 - Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

**Schedule E
Payments Made**

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 9 / 18	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do

I.D. NUMBER
1308501

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 |
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| 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880		OFC		150.00
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		LIT		4729.77
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		LIT		4329.58
SUBTOTAL \$				<u>9209.35</u>

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

Schedule E Summary

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

Schedule E Payments Made

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 10 / 18	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends Of Andrew Do
I.D. NUMBER: 1308501

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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880		FND			105.00
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS			2300.00
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS			3555.00
SUBTOTAL \$					5960.00

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

Schedule E Summary

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

Schedule E Payments Made

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 11 / 18	
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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880		FND			8.75
Gillard Blanning Wysocki & Associates, Inc. 921 11th Street Suite 400 Sacramento CA 95814-2882		CNS			2000.00
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		LIT			1360.00
SUBTOTAL \$					3248.75

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

Schedule E Summary

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

**Schedule E
Payments Made**

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
	12/18
	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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID: OFC		150.00
Danh's Pharmacy 9182 Boisa Avenue Westminster CA 92683-5556	ID: RFD		500.00
Political Data, Inc. 825 S Victory Boulevard Burbank CA 91502-2428	ID: LIT		483.59
SUBTOTAL \$			<u>1133.59</u>

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

Schedule E Summary

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

Schedule E Payments Made

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

Statement covers period from <u>10/1/08</u> through <u>12/15/08</u>	CALIFORNIA FORM 460
	13 / 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Andrew Do

L.D. NUMBER
1308501

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 | l.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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		POS		2075.55
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880		FND		8.75
The Monaco Group 14352 Franklin Avenue Suite B Tustin CA 92780-7073		LIT		915.00
SUBTOTAL \$				2999.30

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

Schedule E Summary

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

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
	14 / 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends Of Andrew Do
ID. NUMBER: 1308501

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 ID. NUMBER)	ID:	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gilliland Blanning Wysocki & Associates, Inc. 921 11th Street Suite 400 Sacramento	CA 95814-2882	LIT	0.00	5975.00	0.00	5975.00
Political Data, Inc. 825 S Victory Boulevard Burbank	CA 91502-2428	LIT	0.00	965.60	0.00	965.60
Janet Nguyen for Supervisor 12866 Main Street Suite 202 Garden Grove	CA 92840-5158	OFC Rent and Utilities	610.00	0.00	0.00	610.00
SUBTOTALS \$			<u>410.00</u>	<u>6946.60</u>	<u>0.00</u>	<u>7550.60</u>

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.) 48367.84
- 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.) 3836.83
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and NET \$ 44531.01

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>10/1/05</u> through <u>10/15/05</u>	CALIFORNIA FORM 460
	15 / 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends Of Andrew Do
ID. NUMBER: 1308501

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 tv. 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
- VOI voter registration
- WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	ID:	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON 5)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Morano Group 14352 Franklin Avenue Suite B Tustin	CA 92780-7073		LIT	0.00	34746.32	0.00	34746.32
Gilliland Blanning Wysocki & Associates, Inc. 921 11th Street Suite 400 Sacramento	CA 95814-2882		CMP	1836.83	0.00	1836.83	0.00
Gilliland Blanning Wysocki & Associates, Inc. 921 11th Street Suite 400 Sacramento	CA 95814-2882		CNS	2000.00	2000.00	2000.00	2000.00
SUBTOTALS				\$ 3834.83	\$ 36746.32	\$ 3834.83	\$ 36746.32

* 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 \$** _____
- 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 \$** _____
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>10/1/08</u> through <u>10/15/08</u>	CALIFORNIA FORM 460
	16 / 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends Of Andrew Do
I.D. NUMBER: 1308501

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 |
| FL | 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)	ID:	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Radio Bolsa Corp 15751 Brookhurst Street Suite 133 Westminster CA 92683-7578		RAD	0.00	4200.00	0.00	4200.00
Political Data, Inc. 825 S Victory Boulevard Burbank CA 91502-2428		PHO	0.00	480.92	0.00	480.92

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

SUBTOTALS \$ 0.00 \$ 4080.92 \$ 0.00 \$ 4080.92

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 \$** _____
- 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 \$** _____
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and **NET \$** _____

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.

Statement covers period from <u>10/1/08</u> through <u>10/31/08</u>	CALIFORNIA FORM 460
I.D. NUMBER 1308501	17/18

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Friends Of Andrew Do

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Monaco Group

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)

* 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
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			2300.00
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			4155.00
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			2660.00
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			2336.00
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			1039.00
TOTAL * \$				12490.00

Attach additional information on appropriately labeled continuation sheets.

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

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

Statement covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 460
	18 / 18
	I.D. NUMBER 1308501

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Friends Of Andrew Do

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Monaco Group

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
LT	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 PAYEE OR CREDITOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000				915.00
USPO - Tustin 340 E 1st Street Tustin CA 92781-9000	POS			1360.00
	ID:			
	ID:			
	ID:			

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 2275.00

* 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.