1. **Type of Recipient Committee:**
   - All Committees
   - Complete Parts 1, 2, 3, and 4.
   - Primarily Formed Ballot Measure Committee
   - Also Complete Part 4

2. **Type of Statement:**
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. **Committee Information**
   - **I.D. Number:** 1911335
   - **Committee Name:** Yes on Measure S
   - **Street Address:** 552 Fremont St
   - **City:** Sacramento
   - **State:** CA
   - **Zip Code:** 95811
   - **Phone:** (916) 448-2299
   - **Mailing Address:** 552 Fremont St
   - **City:** Sacramento
   - **State:** CA
   - **Zip Code:** 95811
   - **Phone:** (888) 560-5286

4. **Treasurer(s)**
   - **Name of Treasurer:** Toni Bauen
   - **Mailing Address:** 552 Fremont St
   - **City:** Sacramento
   - **State:** CA
   - **Zip Code:** 95811
   - **Phone:** (916) 448-2299

5. **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 following is true.

   - Executed on 01/31/19
   - Executed on 01/31/19
   - Executed on 01/31/19

   - Date
   - Date
   - Date
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

**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 make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Smith Monterey City Council Re-election 2013</td>
<td>1404924</td>
<td></td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td></td>
</tr>
<tr>
<td>Mike Russo</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>528 Houston St</td>
<td></td>
<td>Monterey</td>
<td>CA</td>
<td>93940 (831) 644-7008</td>
<td></td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT Measure</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Yes on Measure S&quot;</td>
<td>S</td>
<td>Monterey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. **Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 6,500.00 $ 23,250.00
2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ....................... Add Lines 1 + 2 $ 6,500.00 $ 25,250.00
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 6,500.00 $ 25,250.00

Expenditures Made

6. Payments Made ............................................... Schedule E, Line 4 $ 4,629.26 $ 23,232.31
7. Loans Made ...................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 4,629.26 $ 23,232.31
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment ................................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE .......................... Add Lines 8 + 9 + 10 $ 4,629.26 $ 23,232.31

Current Cash Statement

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16 $ 146.95
13. Cash Receipts ................................................. Column A, Line 3 above $ 6,500.00 $ 0.00
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $ 0.00 $ 4,629.26
15. Cash Payments ............................................... Column A, Line 6 above $ 0.00 $ 2,017.69
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 2,699.82

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).

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 $ 0.00

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

1/1 through 6/30  7/1 to Date
20. Contributions Received $ $ 21. Expenditures Made $ $
## Schedule A
### Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/22/18</td>
<td>Kimsey - Harid Assoc 765 The City Dr 200 Orange, CA 92863</td>
<td>IND</td>
<td>$1500.00</td>
<td>$1500.00</td>
<td>$1500.00</td>
<td>$1500.00</td>
</tr>
<tr>
<td>10/22/18</td>
<td>Maryott International 350 Calle Principal Monterey, CA 93940</td>
<td>IND</td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>10/22/18</td>
<td>Portola Hotels &amp; Spa 2 Portola Plaza Monterey, CA 93940</td>
<td>IND</td>
<td>$1000.00</td>
<td>$1000.00</td>
<td>$1000.00</td>
<td>$1000.00</td>
</tr>
<tr>
<td>10/25/18</td>
<td>Granite Construction Co. P.O. Box 500 Boz Waterville, CA 95077</td>
<td>IND</td>
<td>$2500.00</td>
<td>$2500.00</td>
<td>$2500.00</td>
<td>$2500.00</td>
</tr>
<tr>
<td>12/5/18</td>
<td>Auila Construction 12 Thomas Owens Way Monterey, CA 93940</td>
<td>IND</td>
<td>$1000.00</td>
<td>$1000.00</td>
<td>$1000.00</td>
<td>$1000.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $6,500.00**

### Schedule A Summary

1. **Amount received this period – itemized monetary contributions.**
   (Include all Schedule A subtotals.) ...................................................... $6,500.00

2. **Amount received this period – unitemized monetary contributions of less than $100** ......................$

3. **Total monetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $6,500.00

---

*Contributor Codes:

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>&amp;s 02 Measure $^1$</td>
<td>141355</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTED, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(only for PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

SUBTOTAL $6,500.00

See page 4 for more information.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Smith, 123 Main St, Anytown, CA 93406</td>
<td>$2,000.00</td>
<td>☐ PAID $2,000.00</td>
<td>☐ FORGIVEN $2,000.00</td>
<td>☐ 0%</td>
<td>☐ $2,000.00</td>
<td>☐ $2,000.00</td>
</tr>
<tr>
<td>City Council Candidate</td>
<td></td>
<td>☐ PAID $2,000.00</td>
<td>☐ FORGIVEN $2,000.00</td>
<td>☐ 0%</td>
<td>☐ $2,000.00</td>
<td>☐ $2,000.00</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>☐ PAID $2,000.00</td>
<td>☐ FORGIVEN $2,000.00</td>
<td>☐ 0%</td>
<td>☐ $2,000.00</td>
<td>☐ $2,000.00</td>
</tr>
</tbody>
</table>

SUBTOTALS $2,000.00

Schedule B Summary
1. Loans received this period .......................................................... $ 
(Total Column (b) plus unitemized loans of less than $100.) 

2. Loans paid or forgiven this period ................................................ $ 
(Total Column (c) plus loans under $100 paid or forgiven.) 
(Includes loans paid by a third party that are also itemized on Schedule A.) 

3. Net change this period. (Subtract Line 2 from Line 1.) .................... NET $ 
(Enter (a) on Schedule E, Line 3) 

*Amounts forgiven or paid by another party also must be reported on Schedule A. 
** If required.
<table>
<thead>
<tr>
<th>LENDER</th>
<th>DATE</th>
<th>LOAN AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$2,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

Subtotal: $5,000.00

Measure S

State: California

Schedule B – Part 2

Loan Guarantors

Full name, street address, and occupation of guarantor on first line.

Contributor Code

If an individual enters, occupation and employer (if required)

IFSC

Amends may be rounded to whole dollar.

Statement cover period: from 02/27/2017 through 10/31/2018

Page 2 of 14

CALIFORNIA 460

PPC-460 (Rev. Jan 1, 2016)
### Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
2. Total nonmonetary contributions received this period.

#### Nonmonetary Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name Street, City, State and ZIP Code of Contributor</th>
<th>Occupation and Employer or Description of Goods or Services</th>
<th>AMOUNT/VALUE</th>
<th>CUMULATIVE TO DATE</th>
<th>PAIR MARKET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Joint Filer Information

- Name: [Signature] [Signature]
- ID Number: [111-88-7777]
- Filing Period: Oct 1, 2018 - Dec 31, 2018

See instructions on reverse.
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>○ Monetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Nonmonetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Support</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>○ Oppose</td>
<td></td>
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</tr>
</tbody>
</table>

| SUBTOTAL $ | 0 |

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .............................................................. $ 0

2. Unitemized contributions and independent expenditures made this period of under $100. .............................................................. $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .... TOTAL... $ 0
SCHEDULE E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from Dec 26, 2018 through Dec 31, 2018

NAME OF FILER
"Yes on Measure S"

I.D. NUMBER
1411385

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM</td>
<td>Commercial Production</td>
<td>$4,960.00</td>
</tr>
<tr>
<td>TEL</td>
<td>Air Time</td>
<td></td>
</tr>
<tr>
<td>PRO</td>
<td>Bank Fees</td>
<td>$76.00</td>
</tr>
<tr>
<td>LIT</td>
<td>Campaign Materials</td>
<td>$93.26</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 4,629.26
2. Unitemized payments made this period of under $100 .................................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 4,629.26

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule F Summary

1. 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 $**

2. 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 $**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

   **NET $**

---

### 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, e-mail)

---

### Table

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON S)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>

---

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

**SUBTOTALS $**

---

---

---

---
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

NAME OF FILER: 205 Old Measure 5

NAME OF AGENT OR INDEPENDENT CONTRACTOR: I.D. NUMBER 1411335

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 candidates 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
- SAI 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)

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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</table>

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.

TOTAL* $
### Schedule H
**Loans Made to Others**

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.*

<table>
<thead>
<tr>
<th>Full Name, Street Address and ZIP Code</th>
<th>If Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Loaned This Period</th>
<th>Repayment or Forgiveness This Period*</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Received</th>
<th>Original Amount of Loan</th>
<th>Cumulative Loans to Date</th>
<th>Calendar Year</th>
<th>Per Election**</th>
<th>Calendar Year</th>
<th>Per Election**</th>
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**SUBTOTALS** $ 0 $ 0 $ 0 $ 0

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

#### Schedule H Summary

1. Loans made this period...

(Total Column (b) plus unitemized loans of less than $100.)

$ 0 **If Required**

2. Payments received on loans...

(Total Column (c) plus unitemized payments of less than $100.)

$ 0

3. Net change this period. (Subtract Line 2 from Line 1.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

$ 0 **(May be a negative number)**
Schedule I
Miscellaneous Increases to Cash

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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</table>

NIA

Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 0
2. Unitemized increases to cash of under $100 this period. ................................ $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .................................................. $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .................................................. TOTAL $ 0