

Statement of Organization Recipient Committee

Statement type

Initial

Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

MAR 05 2018

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RECEIVED
MAR 19 2018
IMPERIAL COUNTY
CLERK OF VOTERS

CALIFORNIA 410 FORM

R 13
1403380

Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination _____

1. Committee Information

NAME OF COMMITTEE

Elect Joong Kim for County Supervisor #1 2018

STREET ADDRESS (NO P.O. BOX)

321 W, 2nd Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Calexico

CA 92231

(760)618-1757

MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Maria L. Juarez

STREET ADDRESS (NO P.O. BOX)

1204 Camino del Rio

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Calexico

CA 92231

(760)556-2487

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Imperial

Calexico

joongkim4community@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICERS)
Joong S. Kim

STREET ADDRESS (NO P.O. BOX)

321 W, 2nd Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Calexico

CA 92231

(760)618-1757

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 02/22/2018

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/22/2018

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTION: ON REVERSE

COMMITTEE NAME
Elect Joong Kim for County Supervisor #1 2018

Page 2

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Joong Shik Kim	Imperial County Supervisor #1	2018	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elect Joong Kim for County Supervisor #1 2018

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp RECEIVED MAR 08 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA 501 FORM For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Kim Joong S.** DAYTIME TELEPHONE NUMBER **(760) 618-1757** FAX NUMBER () () E-MAIL (optional) **joongkim4community@gmail.com**
 STREET ADDRESS **803 Holdridge St** CITY **Calexico** STATE **CA** ZIP CODE **92231**
 OFFICE SOUGHT (POSITION TITLE) **County Supervisor** AGENCY NAME **Imperial County** DISTRICT NUMBER, if applicable **1** PARTY: NON-PARTISAN
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) **2018**

2. State Candidate Expenditure Limit Statement:

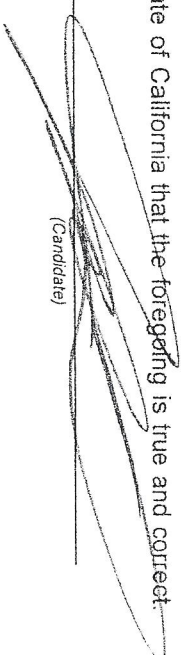
(CalPERS and CalSTRS candidates, Judges, Judicial candidates, and candidates for local offices do not complete Part 2.)

_____ (Year of Election) **Primary/general election** _____ (Year of Election) **Special/runoff election**
 (Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.
 Amendment: I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.
- On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.
 (Mark, if applicable)

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **February 28, 2018** Signature 
 (month, day, year) (Candidate)

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/20/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)
06/05/2018

Date Stamp	RECEIVED JUL 31 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460 COVER PAGE
Page <u>1</u> of <u>7</u> For Official Use Only		

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Elect Joong Kim for County Supervisor #1

I.D. NUMBER
1403380

Treasurer(s)

NAME OF TREASURER
Marta L. Juarez

MAILING ADDRESS
1204 Camrino del Rio

CITY
Calexico

STATE
CA

ZIP CODE
92231

AREA CODE/PHONE
(760)556-2487

STREET ADDRESS (NO P.O. BOX)
321 W. 2nd Street

CITY
Calexico

STATE
CA

ZIP CODE
92231

AREA CODE/PHONE
(760)618-1757

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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 07/31/2018
Date

Executed on 07/31/2018
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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FORM
460

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Date Stamp

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/20/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)
06/05/2018

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) _____ I.D. NUMBER 1403380

Elect Joong Kim for County Supervisor #1

STREET ADDRESS (NO P.O. BOX) 321 W, 2nd Street
CITY Calexico STATE CA ZIP CODE 92231 AREA CODE/PHONE (760)618-1757
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 María L. Juarez
MAILING ADDRESS 1204 Camrino del Rio
CITY Calexico STATE CA ZIP CODE 92231 AREA CODE/PHONE (760)556-2487
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 07/31/2018 Date
By _____ Signature of Treasurer or Assistant Treasurer
Executed on 07/31/2018 Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Elect Joong Kim for County Supervisor #1

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 150	795
2. Loans Received.....	Schedule B, Line 3 0	1,793
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 150	2,588
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 150	2,588

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 1,354.50	2,585.50
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 1,354.5	2,585.50
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 532.50	532.50
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 1,887	3,118.00

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 1,207	\$
13. Cash Receipts.....	Column A, Line 3 above 150	\$
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	\$
15. Cash Payments.....	Column A, Line 8 above 1,354.50	\$
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 2.50	\$

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2
0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$	0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$	2,325.50

Statement covers period
from 05/20/2018 through 06/30/2018

CALIFORNIA FORUM **460**

Page 3 of 7
I.D. NUMBER 1403380

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$	\$

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
	/ /	\$
	/ /	\$

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

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Elect Joong Kim for County Supervisor #1

Statement covers period
from 05/20/2018
through 06/30/2018

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I.D. NUMBER
1403380

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – Itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 150.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 150.00

*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

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 05/20/2018
through 06/30/2018

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Elect Joong Kim for County Supervisor #1

I.D. NUMBER
1403380

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Joong Kim 321 w/2nd Street Calexico, CA 92231	Businessmen Family Touch 99	\$ 1,793.43	\$ 0.00	\$ 0 PAID 0 FORGIVEN	\$ 1,793.43 N/A DATE DUE	0 % RATE	0 N/A DATE INCURRED	\$ 1,793.43 PER ELECTION** \$ 1,793.43 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID 0 <input type="checkbox"/> FORGIVEN 0	\$ 0 DATE DUE	0 % RATE	0 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID 0 <input type="checkbox"/> FORGIVEN 0	\$ 0 DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$ PER ELECTION**
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0	\$ 1,793.43	0 %	0	0

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

CALIFORNIA
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SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Elect Joong Kim for County Supervisor #1

Statement covers period
from 05/20/2018
through 06/30/2018

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I.D. NUMBER
1403380

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) | VOI | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Diego Torres	PRT		Print Add, Banner	1,111.50
FPPC	FIL		Committee filing Fee	50.00
SUBTOTAL \$				1,161.50

* 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.) \$ 0
- Unitemized payments made this period of under \$100 \$ 193.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 193.00

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 05/20/2018
through 06/30/2018

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**CALLIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Elect Joong Kim for County Supervisor #1

I.D. NUMBER
1403380

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)	VOI	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF 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
Holt Tribune 760-356-2995	PRT		232.50	0	232.50
Eddie Burgo	PRT		300.00	0	300.00
SUBTOTALS \$			532.50	\$	532.50

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 \$ 532.50**
- 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**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 532.50**