Executed on	Executed on	A. 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. 10/18/10 Executed on 10/18/10 By Signature of Treasurer or Assistant Treasurer By Signature of Treasurer Officer of Sponsor	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT CLAIRE FORTIER City Council, 2010 STREET ADDRESS (NO P.O. BOX) 775 Colorado Avenue CITY STATE ZIP CODE SOuth Lake Tahoe CA 96150	3. Committee Information	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and Officeholder, Candidate Controlled Committee Primarily Formed Ballot State Candidate Election Committee Committee Committee Recall Controlled Sponsored General Purpose Committee Sponsored Sponsored Primarily Formed Candid Officeholder Committee Primarily Formed Candid Officeholder Committee Also Complete Part 7) Opolitical Party/Central Committee Also Complete Part 7)	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
By Signature of Controlling C	BySignature of Controlling Officeholder, Co	this statement and to the best of my knowledge the information that the foregoing is true and correct. By Signature of Streeting Officeholder, Carv	AREA CODE/PHONE CITY OPTIONAL:	E AREA CODE/PHONE 530-542-2910	I.D. NUMBER 1332821 Treasurer(s)	veasure 2. Typ	through October 16,2010 November 2,	Type or print in ink. Statement covers period Date of election in (Month, Day,
Signature of Controlling Officeholder, Candidata, State Measure Proponent	Officeholder, Candidate, State Messure Proponent	st of my knowledge the information contained herein and in the attached schedid correct. Signature of Treasurer or Assistant Treasurer Signature of Controllor, Candidate, State Measure Proponent or Responsible Officer of Sponsor	STATE	R pet STATE OO CA (TREASURER, IF ANY)r(s)	ement	er 2, 2010 TY CLERK'S OFFICE CITY OF SOUTH LAKE TAHOE	on Mappincable: OCT 2 0 2010
		dules is true and complete. I certify	ZIP CODE AREA CODE/PHONE	ZIP CODE AREA CODE/PHONE 96150 530-543-0754		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	For Official Use Only	CALIFORNIA 460 2001/02 FORM FORM 1 of 11

Page __

N

으.

	Attach continuation sheets if necessary	h continuation	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE		CITY	
				X)	STREET ADDRESS (NO P.O. BOX)	STREE	COMMITTEE ADDRESS	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?			NAME OF TREASURER	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.L. NUMBER			COMME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE		COMMITTEENAME	
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	STREE	COMMITTEE ADDRESS	
names of (Primarily Formed Candidate/Officeholder Committee Llst names of officeholder(s) or candidate(s) for which this committee is primarily formed.	lidate/Office for which this	7. Primarily Formed Candi officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?			NAME OF TREASURER	
				I.D. NUMBER			COMMITTEE NAME	
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	tatement that a expenditures	not included in this st contributions or make	
	OPONENT.	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Related Committees Not Included in this Statement: Listany committees	cluded in this Stat	lees Not In	Related Committ	
oponent, if any.	identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, cano	Identify the controlling offic	ET) CITY STATE ZIP South Lake Tahoe CA 96150	(NO. AND STREET) CITY South Lak	S ADDRESS (RESIDENTIAL/BUSINESS ADDRESS 775 Colorado Avenue	
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) CITY COUNCIL	LOCATION AND DISTRIC	ELD (INCLUDE	OFFICE SOUGHT OR HI	
			NAME OF BALLOT MEASURE		DATE	DER OR CANDI	NAME OF OFFICEHOLDER OR CANDIDATE CLAIRE FORTIER	
	Committee	Ballot Measure Committee		ittee	Officeholder or Candidate Controlled Committee	Candidate (Ċ

Campaign Disclosure Statement Summary Page

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	Solumn B, add solumn A to the amounts in this section may be different from amounts reported in Column B. *Amounts in this section may be different from amounts reported in Column B. *Amounts in Column B. *Amounts reported in Column B.	T15.02 Candidates Candidates	Calendar Year Summary for Candidates Running in Both the State Primary and 9045.00 0.00 9045.00 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$	I.D. NUMBER 1332821	Statement covers period from October 1, 2010 FORM 460 through October 16,2010 Page 3 of 11	SUMMARY PAGE
	2247.00 6798.00 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 filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	5715.02 \$ 57 0.00 \$ 57 5715.02 \$ 57 0.00 \$ 57 5715.02 \$ 57	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) Column B CALENDAR YEAR 1074LTODATE 6798.00 0.00 6798.00 3295.00 3295.00 10093.00 \$ \$ 0045 9045 3295		Amounts may be rounded to whole dollars.	Type or print in ink.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	Current Cash Statement 12. Beginning Cash Balance	Expenditures Made 6. Payments Made	Contributions Received (FRO 1. Monetary Contributions	NAME OF FILER COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010		Campaign Disclosure Statement

Schedule A **Monetary Contributions Received**

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

SCHEDULE A

### October 16,2010 Pag ####################################	Monetary (Monetary Contributions Received	to v	to whole dollars.	atem	ent covers period October 1, 2010	CALIFORNIA 460
COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010 COMMITTE ADDRESS AND ZIP COODER CONTRIBUTOR COUNTY	SEE INSTRUCTION	IS ON REVERSE			<u>9</u>	er 16,2010	4 of _
COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010 CAMALT CALENT RECEIVED DATE CAMALT CALENT RECEIVED COUNTRIBUTOR CAMALT CALENT RECEIVED COUNTRIBUTOR CALENT RECEIVED COUNTRIBUTOR CALENT RECEIVED COUNTRIBUTOR CALENT RECEIVED CALENT	NAME OF FILER						I.D. NUMBER
DATE PULL NAME. STREET ANDRESS AND ZE CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR COODE of C	COMMITTI	ᅙ					1332821
POBox 15110 Roberta L. Mason	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 D CALENDAR YEJ (JAN. 1 - DEC. 3	
0/12/2010 Park PAC 1300 Buckeye Rd., Suite A Minden, NV 89423 COM 201H 1300 Buckeye Rd., Suite A Minden, NV 89423 COM 201H 1300 Buckeye Rd., Suite A 201H 1300 Buckeye Rd., Suite A 201H 1300 Buckeye Rd., Suite A 201H 201H 201H 201H 201H 201H 201H 201H	10/07/2010		OTH SCC	Retired	100.00	100.0	Õ
O/15/2010 John N. Cefalu DON DON 778	10/12/2010	Park PAC 1300 Buckeye Rd., Suite A Minden, NV 89423	□ IND □ IND □ PTY □ SCC		1500.00	1500.0	Õ
0/15/2010 Wendy R. Shehadi 2669 Divot Court 2669 Divot Court 2669 Divot Court South Lake Tahoe, CA 96150 Image: Control 2004 C	10/15/2010	noe, CA	□ SCC	Self Employed U-Stor-It Storage	200.00	200.0	ŏ
Elaine D. Casteleyn P O Box 1943, 658 Riven Rock P O Box 1943, 658 Riven Rock Zephyr Cove, NV 89448-1943 Chedule 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 Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) Total monetary contributions of less than \$100 Total monetary contributions	10/15/2010	di e, CA	DDDD DE SCC	Retired- Unemployed	150.00	150.0	6
Chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	10/15/2010	Elaine D. Casteleyn P O Box 1943, 658 Riven Rock Zephyr Cove, NV 89448-1943	DOTH SCC	Self Employed Realtor	110.00	110.0	5
Chedule A Summary Amount received this period – itemized monetary contributions. 4390.00 (Include all Schedule A subtotals.) 2408.00 Amount received this period – unitemized monetary contributions of less than \$100 \$ 2408.00 Total monetary contributions received this period. 6798.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 6798.00				\$UBTOTAL\$	2060.00		
Amount received this period – unitemized monetary contributions of less than \$100\$ 2408.00 Total monetary contributions received this period. 6798.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	Schedule A 1. Amount rec (Include all t	Summary eived this period – itemized monetary contributions. Schedule A subtotals.)		\$	4390.00	*Contri IND – I	ibutor Codes ndividual Recipient Committee (other than PTY or SCC)
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)		eived this period – unitemized monetary contributions	of less than \$		2408.00	- ALO -	Other (e.g., business entity) Political Party
		ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$	6798.00	scc-	Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period

CALIFORNIA

460

SCHEDULE A (CONT.)

FORM

October 1, 2010

NAME OF FILER 10/15/2010 10/15/2010 10/15/2010 10/15/2010 10/15/2010 COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010 DATE RECEIVED Don R. Dailey P O Box 5458 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) P O Box 14183 South Lake Tahoe, CA 96151 Stephanie Mullen South Lake Tahoe, CA 96150-3546 2480 Conestoga St. Apt. B. Stateline, NV 89449-5458 Mary M. Maul 25 Heath Circle South Lake Tahoe, CA 96150 1726 Meadow Vale Drive Donald Souers Sherill Miller Reno, NV 89509-2521 CONTRIBUTOR
CODE * SC POINT SCC POT NO SCC OF SCC O SCC POTH NO SCC SCC PTTY SCC NO Self Employed Musician Pinnacle Realty Realtor City of South Lake Tahoe Airport Manager Limousine Service Self Employed Self Employed Doctor IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ from AMOUNT RECEIVED THIS PERIOD through 1275.00 250.00 250.00 250.00 425.00 100.00 October 16,2010 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 250.00 250.00 425.00 250.00 100.00 Page _ 1332821 I.D. NUMBER G (IF REQUIRED) PER ELECTION TODATE 잌 그

*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 A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period

SCHEDULE A (CONT.)

		1055.00	SUBTOTAL			
				□□COM □□OTH SCC		
				□□COM □□OTH □SCC		
	325.00	325.00		□IND □COM IDOTH □PTY □SCC	Sierra Wedding LLC P O Box 4858 Stateline, NV 89449	10/15/2010
	130.00	130.00	Retired	□ COM □ COM □ PTY □ SCC	Carolyn Ashe Robinson 2340 Dundee Circle South Lake Tahoe, CA 96150	10/15/10
	600.00	600.00	Self Employed Deb Howard & Co Realtor	ZiND □COM □OTH □PTY	Deb Howard 3599 Lake Tahoe Blvd., Suite A South Lake Tahoe, CA 96150	10/15/2010
PER ELECTION TODATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
.D. NUMBER 1332821	l.D.1				MEOFFILER COMMITTEE TO ELECT CLAIRE FORTIER City Council, 2010	COMMITTE!
je6 of11	October 16,2010 Page	through October				
CALIFORNIA 460 FORM		Statement covers period from October 1, 2010	ollars.	Amounts may be rounded to whole dollars.	Monetary Contributions Received	monetary of

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

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010

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

from through Statement covers period October 1, 2010 October 16,2010 1332821 Page . I.D. NUMBER CALIFORNIA FORM 잋 SCHEDULE 460 ⇉

Attach additional information on appropriately labeled continuation sheets. 10/14/10 10/14/10 10/14/10 DATE RECEIVED 10/14/10 South Lake Tahoe, CA 96150 Maria Pielaet 775 Colorado Avenue South Lake Tahoe, CA 96150 3599 Lake Tahoe Blvd., Suite A Deb Howard Joyce Blackstone ASID 2290 Montana Avenue Evan's American Gourmet Cafe 536 Emerald Bay Rd. South Lake Tahoe, CA 96150 South Lake Tahoe, CA 96150 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CONTRIBUTOR
CODE * SEE SO NO HOD Realtor Doctor Sierra Family Care IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) Deb Howard & Co. Self Employed Interior Designer Self Employed Wine Scottdale, AZ 2 Night Stay Lamp Gift Certificate Rustic Mountain DESCRIPTION OF GOODS OR SERVICES SUBTOTAL \$ AMOUNT/ FAIR MARKET VALUE 1595.00 800.00 500.00 100.00 195.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) 1100.00 800.00 100.00 195.00 PER ELECTION TODATE (IF REQUIRED)

Total nonmonetary contributions received this period.

FPPC Toil-Free Heipline: 866/ASK-FPPC (866/275-3772)

3295.00

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT CLAIRE FORTIER City Council, 2010

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

Statement covers period

through October 1, 2010 October 16,2010

from

CALIFORNIA FORM

SCHEDULE C 460

Page I.D. NUMBER ω 잌

282

w

Attach additional information on appropriately labeled continuation sheets. 10/14/10 10/14/10 10/14/10 10/14/10 RECEIVED DATE South Lake Tahoe, CA 96150 1202 Ski Run Blvd Black Bear Inn South Lake Tahoe, CA 96150 Black Bear Inn Beacon Bar & Grill 1202 Ski Run Blvd Fresh Ketch Resturant 2435 Venice Drive East South Lake Tahoe, CA 1900 Jamison Beach South Lake Tahoe, CA 96150 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 96150 CONTRIBUTOR
CODE * DOS CON MOS CON SSS ☐ YFO S DON DON IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) Gift Certificates 21 @ \$50.00 Gift Certificate 1 @ \$50.00 Gift Certificates 2 @ \$50.00 each 3 2 Night Stay at DESCRIPTION OF GOODS OR SERVICES SUBTOTAL \$ AMOUNT/ FAIR MARKET VALUE 1050.00 1700.00 500.00 100.00 50.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) 1050.00 1550.00 100.00 50.00 PER ELECTION TO DATE (IF REQUIRED)

Schedule C Summary

<u>ښ</u>

Total nonmonetary contributions received this period.

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

Payments Made Schedule E

NAME OF FILER

COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010

SEE INSTRUCTIONS ON REVERSE

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

from through Statement covers period October 1, 2010 October 16,2010

CALIFORNIA FORM 460

Page 1332821 I.D. NUMBER ဖ

앜

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

56**2**55 South Lake Tahoe, CA P O Box 13406 South Lake Tahoe, CA 96150 Staples South Lake Tahoe, CA 3445 Lake Tahoe Blvd Peter Loughlin Lake Tahoe News 2061 Lake Tahoe Blvd civic donations contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc fundraising events campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees 96151 96150 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 温泉なるとませる最繁 office expenses print ads professional services (legal, accounting) polling and survey research phone banks petition circulating meetings and appearances member communications postage, delivery and messenger services CODE CMP PRT 딬 유 DESCRIPTION OF PAYMENT ᅙᅺᅑ 国SA 끃 쿵 voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs information technology costs (internet, e-mail staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs AMOUNT PAID

400.00

Schedule E Summary

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

SUBTOTAL \$

837.24

387.24

50.00

4

5715.02

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

TOTAL \$

5715.02

49 49

> 0.00 0.00

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

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

from Statement covers period October 1, 2010

CALIFORNIA FORM 460

SCHEDULE E (CONT.)

October 16,2010 Page_ 1332821 I.D. NUMBER 6 잌

through

56237 S388 CODES: If one of the following codes accurately describes the AT B P O Box 0001 Sierra Family Care P O Box 8974 South Lake Tahoe, CA South Lake Tahoe, CA South Lake Tahoe, CA Mountain News Los Angeles, CA 90096-8000 American Express 775 Colorado Avenue 2520 Lake Tahoe Blvd. South Lake Tahoe, CA 96150 3599 Lake Tahoe Blvd Deb Howard COMMITTE TO ELECT CLAIRE FORTIER City Council, 2010 civic donations contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)* campaign literature and mailings legal defense fundraising events candidate filing/ballot fees 96150 96158 96150 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 温みなるという payment, you may enter the code. Otherwise, member communications polling and survey research postage, delivery and messenger services professional services (legal, accounting) office expenses meetings and appearances print ads phone banks petition circulating CODE RAD POS PRT PRT \exists 유 Postage for absentee letter DESCRIPTION OF PAYMENT ᅙᅙᇽᅏ 청년 describe the payment t.v. or cable airtime and production costs voter registration information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor campaign workers' salaries radio airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions AMOUNT PAID 660.00 300.00 973.09 766.00 525.00

SUBTOTAL \$

3224.09

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

Schedule E (Continuation Sheet)

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

Statement covers period CALIFORNIA 460 SCHEDULE E (CONT.)

FPPC Form 460 (January/05)	FPPC Fo		
1653.69	SUBTOTAL \$	3chedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
117.57		FND	Chase P O Box 36520 Louisville, KY 40233-6520
29.35		OFC	Citi Card P O Box 688901 Des Moines, IA 50368
74.39		WEB	Citi Card P O Box 688901 Des Moines, IA 50368
152.35		мто	Citi Card P O Box 688901 Des Moines, IA 50368
1280.03		FND	American Express P O Box 0001 Los Angeles, CA 90096-8000
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	Otherwise, describe the payment. 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 TRS retransfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may ent CMP campaign paraphernalia/misc. CMS campaign consultants CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings MBR member communications MFC office expenses. CFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal
NUMBER 332821	1.D.NUMBER 1332		NAME OF FILER COMMITTEE TO ELECT CLAIRE FORTIER City Council, 2010
11 of 11	gh_October 16,2010 Page		SEE INSTRUCTIONS ON REVERSE
460	from October 1, 2010 FORM	ars.	(Continuation Sheet) to whole dollars.