

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/1/2010 through 10/16/2010	Date of election if applicable: (Month, Day, Year) 11/2/2010	Date Stamp RECEIVED OCT 21 2010 ELECTIONS DEPARTMENT	CALIFORNIA FORM 460
		Page 1 of 12	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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee To Elect Craig Therkildsen Sheriff Of El Dorado County 2010

I.D. NUMBER
131960

Treasurer(s)

NAME OF TREASURER

James Ward

MAILING ADDRESS

11367 Quail Dr.

CITY

Pine Grove

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

Pine Grove

STATE

Ca

OPTIONAL: FAX / E-MAIL ADDRESS

STATE

Ca

ZIP CODE

95665

AREA CODE/PHONE

209-304-5487

AREA CODE/PHONE

209-304-5487

STREET ADDRESS (NO P.O. BOX)
1311 Cold Springs Rd.
CITY
Placerville
STATE
Ca
ZIP CODE
95667
AREA CODE/PHONE
530-306-7292
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Po Box 963
CITY
El Dorado
STATE
Ca
ZIP CODE
95667
AREA CODE/PHONE
530-306-7292
OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
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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 10-18-2010

By  Signature of Treasurer or Assistant Treasurer

Executed on _____

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

Executed on _____

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

Executed on _____

By _____ Signature of Controlling Officeholder, 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
Craig Therklidsen

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sheriff Of EDC

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1311 Cold Springs Rd. Placerville Ca 95667

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.

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

6. Primarily Formed 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 Candidate/Officeholder 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	SUPPORT <input type="checkbox"/> OPPOSE
<u>Craig Therklidsen</u>	<u>Sheriff of EDC</u>	<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 10/1/2010 through 10/16/2010

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I.D. NUMBER

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Craig Therkidsen Sheriff Of El Dorado County 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 3,350	58,098
2. Loans Received	Schedule B, Line 3 (34,000)	54,100
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 (30,650)	112,198
4. Nonmonetary Contributions	Schedule C, Line 3 500	8,665.66
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 (30,150)	120,863.66

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

	1/4 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 35,729.5	93,568.08
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 35,729.5	93,568.08
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 (331.76)	0
10. Nonmonetary Adjustment	Schedule G, Line 3 500	8,165.66
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 35,897.74	101,733.74

**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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 78,137.89
13. Cash Receipts	Column A, Line 3 above (30,650)
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 35,729.5
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 11,758.39

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0
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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 54,100

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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
From 10/1/2010
through 10/16/2010

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NAME OF FILER
Committee to Elect Craig Therkildsen Sheriff Of El Dorado County 2010

I.D. NUMBER
131960

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)
10/1	David Brazelton 3400 Chaplin Ct. Placerville, Ca 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Business Owner Western Sign	500		
10/2	Jack Nissen 5373 Prarie Loop Placerville, Ca 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Casino Employee	100		
10/2	David Handler 2279 Loch Way El Dorado Hills, Ca 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Business Owner	300		
10/7	Sweet Score Simon & Son LLC 4370 Golden Center Dr. Ste. A Placerville, Ca 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yogurt Shop	200		
10/7	Auburn Manor Holding Comp./Martin Harmon 4020 Sierra College Blvd. Suite 200 Rocklin, Ca 95677	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman	500		
SUBTOTAL \$				1600		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,300
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,350

*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
from 10/1/2010
through 10/16/2010

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SCHEDULE A (CONT.)

NAME OF FILER
Committee to Elect Craig Therkidsen Sheriff Of El Dorado County 2010

I.D. NUMBER
131960

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/9	Patricia & Arnold Shields 4920 Woodsman Loop Placerville, Ca 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300		
10/9	Ron Mittelstaedt 1312 Crocker Dr. El Dorado Hills, Ca 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman	1000		
10/9	Patrick Riley 2604 Baker Rd Placerville, Ca 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
10/14	O.L. Scarlot 2100 St. Hwy 49 Placerville, Ca 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
SUBTOTAL \$				1700		

*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

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

SCHEDULE B - PART 1

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Craig Therklidsen Sheriff Of El Dorado County 2010

I.D. NUMBER
1319660

FULL NAME, STREET ADDRESS AND ZIP CODE (IF 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
Lynn Chilimidos 6207 Sylvester Way Charmichael, Ca 95608	Retired	\$ 30,000	0	<input checked="" type="checkbox"/> PAID \$ 30,000 <input type="checkbox"/> FORGIVEN	0	0 %	\$ 30,000 4/24	CALENDAR YEAR \$ 30,000 PER ELECTION**
Mike Kobus 2874 Crystal Springs Rd. Camino, Ca 95709	Small Business Owner	\$ 5,000	0	<input checked="" type="checkbox"/> PAID \$ 5,000 <input type="checkbox"/> FORGIVEN	0	0 %	\$ 5,000 4/24	CALENDAR YEAR \$ 5,200 PER ELECTION**
Joseph Harn Campaign Account 3340 Rolls Dr. Shingle Springs, Ca 95682 FPPC 94-1877	Controller EDC	\$ 1000	1000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	2000	%	\$ 1000	CALENDAR YEAR \$ 2000 PER ELECTION**
SUBTOTALS		\$ 1000	\$ 1000	\$ 35,000	\$ 2000	\$ 0	\$ 0	

Schedule B Summary

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

- Loans received this period \$ 1000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 35,000
(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 \$ (34,000)**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 10/1/2010
 through 10/16/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Committee to Elect Craig Therklidsen Sheriff Of El Dorado County 2010

I.D. NUMBER
 131960

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15	Tax Payers For Roger Neillio for Senate 2010 8740 Curragh Downs Dr. Fair Oaks, Ca 95628	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150		
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				150		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 150
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 150

**Schedule E
Payments Made**

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

Statement covers period
from 10/1/2010
through 10/16/2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Craig Therklidsen Sheriff Of El Dorado County 2010

I.D. NUMBER
131960

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

- ONP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Western Sign 6221 Enterprise Dr. Diamond Springs, Ca 95619	PRT			4599.01
Landslide Communications 5405 Alton Pkwy. Ste 5A-369 Irvine, Ca 92604	LIT			4739.2
Mountain Democrat 1360 Broadway Placerville, Ca 95667	PRT			3601.8
SUBTOTAL \$				12,940.01

* 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.) \$ 35,567.5
2. Unitemized payments made this period of under \$100 \$ 162
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 \$ 35,729.5**

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT)

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Craig Therklidsen Sheriff Of El Dorado County 2010

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KWOL Radio Station PO Box 11101 Zephyr Cove, Nv 89448	RAD			660
Jones Public Relations Po Box 4705 El Dorado Hills, Ca 95762	LIT			14,220.97
McNally Temple Associates, Inc. 1817 Capitol Ave. Sacramento, Ca 95814	CNS			2,831.76
Sign and Banner Express 3113 Alhambra Dr. H Cameron Park, Ca 95682	PRT			105.76
Ink It 5121 Hillisdale Circle El Dorado Hills, Ca 95762	PRT			259

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

SUBTOTAL \$ 18,077.49

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT)

Statement covers period
from 10/1/2010
through 10/16/2010

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NAME OF FILER

Committee to Elect Craig Therkildsen Sheriff Of El Dorado County 2010

I.D. NUMBER
131960

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

- OMP 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)
- PRI 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
- VOT voter registration
- 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
Tax Payers For Roger Neillo For Senate 2010 8740 Curragh Downs Dr.Fair Oaks, Ca 95628	CTB			150

Tim Carey 1954 W. Carson St.STE B. Torrance, Ca 90501	LIT			3,400
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Joe Harn 3340 Rolls Dr. Shingle Springs, Ca 95682	RFD			1000
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,550

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

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

SCHEDULE F

Statement covers period from 10/1/2010 through 10/16/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Committee to Elect Craig Therklidsen Sheriff Of El Dorado County 2010
I.D. NUMBER: 131960

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

OMP 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, 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
McNally Temple Associates, Inc. 1817 Capitol Ave Sacramento, Ca 95814	CNS	331.76	0	331.76	0

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	\$	\$	\$
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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 \$** 0
- 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 \$** 331.76
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (331.76)