

**Recipient Committee
Campaign Statement
Cover Page**

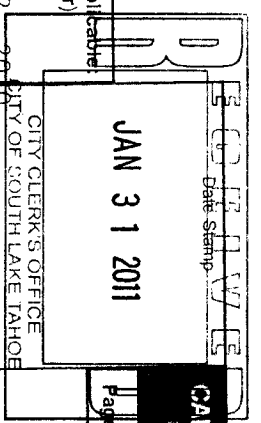
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCTOBER 17, 2010
through DECEMBER 31, 2010

Date of election if applicable
(Month, Day, Year)
NOVEMBER 2, 2010



CALIFORNIA
FORM 460
Page 1 of 11
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Offeeholder, 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/Offeeholder 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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT TOM DAVIS
CITY COUNCIL 2010

I.D. NUMBER
1332937

Treasurer(s)

NAME OF TREASURER
JACQUELINE PROULX
MAILING ADDRESS
3339 LAKE TAHOE BLVD STE 2

STREET ADDRESS (NO P.O. BOX)
1481 WALKUP
CITY SOUTH LAKE TAHOE
STATE CA
ZIP CODE 96150
AREA CODE/PHONE (530) 544-2712

CITY SOUTH LAKE TAHOE
STATE CA
ZIP CODE 96150
AREA CODE/PHONE (530) 541-0106

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 18310
CITY SOUTH LAKE TAHOE
STATE CA
ZIP CODE 96150
AREA CODE/PHONE (530) 544-2712

MAILING ADDRESS
JUSTIN DAVIS
2967 SACRAMENTO
CITY CA
STATE CA
ZIP CODE 96150
AREA CODE/PHONE (530) 318-9134

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 1-22-11 Date
Executed on 1/31/11 Date
Executed on _____ Date
Executed on _____ Date

By Jacqueline Proulx Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Offeeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Offeeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Offeeholder, 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

TOM H DAVIS

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

CITY COUNCIL - SOUTH LAKE TAHOE CITY STATE ZIP
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1481 WALK UP SOUTH LAKE TAHOE CA 96150

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?

YES 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?

YES 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
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010

Statement covers period
from OCT 17, 2010
through DEC 31, 2010

CALIFORNIA
FORM **460**

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I.D. NUMBER
1332237

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 2,298.00	\$ 7,626.00
2. Loans Received	Schedule B, Line 3 \$ 2,298.00	\$ 7,626.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4,596.00	\$ 15,252.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 2,298.00	\$ 8,146.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6,894.00	\$ 13,398.00

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 \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3,932.45	\$ 7,626.00
7. Loans Made	Schedule H, Line 3 \$ 3,932.45	\$ 7,626.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,864.90	\$ 15,252.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 520.00	\$ 520.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 3,932.45	\$ 8,146.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 12,317.35	\$ 13,898.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(†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 \$ 1,634.45
13. Cash Receipts	Column A, Line 3 above \$ 2,298.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 3,932.45
15. Cash Payments	Column A, Line 8 above \$ 0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 8,146.00

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

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

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

Statement covers period
from OCT. 17, 2010
through DEC. 31, 2010
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NAME OF FILER
COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010

ID. NUMBER
1332237

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)
10/26/10	PARK PAC 1300 BUCKEYE RD STE EA MINDEN NV 89423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	(*REPORTED ON FORM 467 OCT 26, 2010)	1,500.00	1,500.00	1,500.00
10/26/10	DEB HOWARD 3599 LAKE TAHOE BLVD SOUTH LAKE TAHOE CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
10/26/10	TAHOE DISCOUNT MATRESS 2639 LAKE TAHOE BLVD SOUTH LAKE TAHOE CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
SUBTOTAL \$				2,100.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,100.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 198.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,298.00

*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**

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

Statement covers period
from OCT 17, 2010
through DEC 31, 2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010

1332237

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR
SUBTOTALS \$		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____	

Schedule B Summary

(Enter (a) on
Schedule E line 3)

- Loans received this period..... \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract line 2 from line 1.) **NET \$** _____
Enter the net here and on the Summary Page, Column A, Line 2. (Use a minus sign for 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 C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
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NAME OF FILER COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010

I.D. NUMBER
1332237

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	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					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$**

* 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 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 OCT 17, 2010
 through DEC 31, 2010

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I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 COMMITTEE TO ELECT TOM DAVIS CITY COUNCIL 2010

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

- Schedule D Summary**
- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ _____
 - Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
 - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 8

**Schedule E
Payments Made**

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

Statement covers period From <u>OCT 17, 2010</u> through <u>DEC 31, 2010</u>	Page <u>8</u> of <u>11</u>
CALIFORNIA FORM 460	
I.D. NUMBER 1332237	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010

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

OMP campaign paraphernalia/misc.	MER member communications	RAD radio airtime and production costs
ONS campaign consultants	MTG meetings and appearances	RED 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)	VOI voter registration
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTERED, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LAKE TAHOE NEWS P.O. BOX 13406 SOUTH LAKE TAHOE, CA 96151	PRT		ADVERTISING	\$267.00
KTHO 2520 LAKE TAHOE BLVD STE 5 SOUTH LAKE TAHOE, CA 96150	RAD		ADVERTISING	\$400.00
CHARTER MEDIA 9335 PROTOTYPE DR RENO NV 89521	TEL		ADVERTISING	\$1,400.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				2,067.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,921.41
- Unitemized payments made this period of under \$100 \$ 11.04
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3,932.45

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

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

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SEE INSTRUCTIONS ON REVERSE
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COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 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.
- 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
- 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
- RAID radio airtime and production costs
- REF 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
- TSE 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
TAHOE SNOW & SUN P.O. BOX 7145 SOUTH LAKE TAHOE CA 96158	WEB		WEBSITE	\$553.41
MOUNTIAN NEWS P.O. BOX 8974 SOUTH LAKE TAHOE CA 96158	PRT		ADVERTISING	\$325.00
TAHOE DAILY TRIBUNE 3079 HARRISON AVE SOUTH LAKE TAHOE CA 96150	PRT		ADVERTISING	\$976.00

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

SUBTOTAL \$ 1,854.41

Schedule F
Accrued Expenses (Unpaid Bills)

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

State ment covers period
from OCT 17, 2010
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NAME OF FILER

COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL, 2010

I.D. NUMBER

1332237

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
CVG	civic donations	PET	petition circulating	TEL	tv. or cable airtime and production costs
FLI	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
LT	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
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		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 \$**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$**

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

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

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SCHEDULE G

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 COMMITTEE TO ELECT TOM DAVIS - CITY COUNCIL 2010
 NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- GMP campaign paraphernalia/misc.
 - CNS campaign consultants
 - CTB contribution (explain nonmonetary)*
 - CVC civic donations
 - FL candidate filing/ballot fees
 - FND fundraising events
 - ND 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 t.v. or cable airtime and production costs
 - TRC candidate travel, lodging, and meals
 - TRS staff/spouse travel, lodging, and meals
 - TSE 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.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOTAL * \$				8

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.