Recipient Committee Campaign Statement Cover Page	Type or print in		RECEIVE OFFICATE STAMP CITY CLES	THE CAL	COVER PAGE IFORNIA 460 FORM
(Government Code Sections 84200-84216.5)	Statement covers period from 07/01/2008	Date of election if applicable (Month, Day, Year)	MOBOCT - 7 PM NTA MONICA	A 1 1	_1 of _53For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/30/2008	11/04/2008			
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>✓</li> <li>✓</li></ul>	inplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee ) Controlled ) Sponsored so Complete Part 6) imarily Formed Candidate/ ficeholder Committee so Complete Part 7)	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410     Amendment (Explain	nt i Termination)	☐ Quarterly Stat☐ Special Odd-☐ Supplemental Statement - A	Year Report
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Save Our City, No on T  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP COD  Santa Monica, CA 90401  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  CITY STATE ZIP COD  Santa Monica, CA 90406-7054  OPTIONAL: FAX / E-MAIL ADDRESS	(310) 458-1405 X	Treasurer(s)  NAME OF TREASURER  Colleen McAndrews MAILING ADDRESS  CITY  Santa Monica, CA 9 NAME OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE	AREA CODE/PHONE (310) 458-1405  AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing to under penalty of perjury under the laws of the State of California to Executed on	BySignature of Cont	wledge the information contained her will be a signature of Treasurer or Assistant rolling Officeholder, Candidate, State Measure Prospection of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	Treasurer  ponent or Responsible Officer of State Measure Proponent		and complete. I certify

onent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Officeholder or Candidate Controlle	d Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
			BALLOT NO. OR LETTER	JURISDICTI	ON	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JONISDIC	O14	SUPPORT OPPOSE
	e ·		· · · · · · · · · · · · · · · · · · ·			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP	-	Identify the controlling of	iceholder, ca	ndidate, or state meas	ure proponent, if a
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	·	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	,				
						•
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Can officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	1	NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	P	VAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	7	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE?  YES NO	7	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	_D SUPPORT
OUNIER LE PROPERTO	(HOTIOLBON)	. –			J	

#### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMART PAGE
State	ment covers period	CALIFORNIA / CO
from	07/01/2008	FORW TOU
through	09/30/2008	Page3 of53
		I.D. NUMBER

NAME OF FILER Save Our City, No on T 1306920 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 413,928.00 345,918.00 1/1 through 6/30 7/1 to Date Loans Received ...... Schedule B. Line 3 \_0.00\_ 20. Contributions 345,918.00 413,928.00 Received 5,372.65 14,951.65 21. Expenditures Made 428,879.65 **Expenditures Made Expenditure Limit Summary for State** Candidates 0.00 0.00 22. Cumulative Expenditures Made\* 315,142.99 (If Subject to Voluntary Expenditure Limit) -6,140.19 14.835.10 Date of Election Total to Date (mm/dd/yy) 5,372.65 14,951.65 344,929.74 **Current Cash Statement** To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the 345,918.00 corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A. Line 8 above 255,280.40 Column A may be negative 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 98,785.01 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A

Type or print in ink.

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement cov	•	california 460	
SEE INSTRUCTION	ONS ON REVERSE			through09/30/2	8008	Page4 of53	_
NAME OF FILER						I.D. NUMBER	一
Save Our Ci	ty, No on T					1306920	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 YEA (JAN. 1 - DEC. 3	R TODATE	
07/01/2008	William Crookston Santa Monica, CA 90405	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant WHC Associates	25.00	25	5.00	
07/01/2008	Metropolitan Pacific Capital, Inc. Santa Monica, CA 90401	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	. 100	0.00	_
07/01/2008	Santa Monica Amusements, LLC Santa Monica, CA 90401	□IND □COM ☑OTH □PTY □SCC		500.00	500	0.00	_
07/07/2008	William Adams  Venice, CA 90291	⊠IND □COM □OTH □PTY □SCC	Architect William Adams Architects	100.00	100	.00	_
07/07/2008	Sixteenth Street Medical Center LLC  Los Angeles, CA 90064	□IND □COM ⊠OTH □PTY □SCC		5,000.00	5,000	.00	_
			SUBTOTAL\$	5,725.00		And the Company of th	14 14 14 14 14 14
. Amount rec (Include all	A Summary  ceived this period – itemized monetary contributions.  Schedule A subtotals.)			e	IND – Ind COM – R (c OTH – O	tecipient Committee other than PTY or SCC) other (e.g., business entity)	_
. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colum			345,918.00	PTY-Po	olitical Party mall Contributor Committee	

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

SCHEDULE A (	CONT.)
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CALIFORNIA

Statement covers period

				from <u>07/01/2</u>	2008	FORM 400
				through <u>09/30/2</u>	2008 Pa	ge <u>5</u> of <u>53</u>
NAME OF FILER					I.D	. NUMBER
Save Our Cit	cy, No on T				1.	306920
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
07/08/2008	nonzero/architecture Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC		100.00	100.0	0
07/10/2008.	Bergamot Station LTD  Santa Monica, CA 90404	□IND □COM ☑OTH □PTY □SCC		250.00	250.0	0
07/10/2008	James Mount Santa Monica, CA 90402	□сом □отн	Architect  James Mount	100.00	150.00	0.
07/11/2008	Virginia Spurgin Investment Co., LLC  Los Angeles, CA 90017	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500.00	
077 1472.000	Pamela Burton & Company Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC		250.00	250.00	
			SUBTOTAL\$	2,200.00	ing and	

\*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

Type or print in ink. Amounts may be rounded

SCH	EDU	LE A	(CONT.)

Statement covers period

		to whole	dollars.	from07/01/2	2008	FOR	<sub>M</sub> 460
				through <u>09/30/2</u>	8008	Page	6 of 53
NAME OF FILER						I.D. NUMBI	ER .
Save Our Ci	ty, No on T					1306920	)
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN, 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
07/21/2008	Montalba Architects, Inc. Santa Monica, CA 90404	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	10	0.00	
07/29/2008	John Hornbug Los Angeles, CA 90049	□сом □отн	Business Investments Multination LLC	1,500.00	1,50	0.00	
07/30/2008	Hines 26th Street LLC San Francisco, CA 94111	□IND □COM ⊠OTH □PTY □SCC		35,000.00	49,500	0.00	
08/01/2008	Ah'be Landscape Architects Culver City, CA 90232	□IND □COM 図OTH □PTY □SCC		500.00	1,500	0.00	
08/04/2008	Equity Office Properties  Chicago, IL 60606	□IND □COM ဩOTH □PTY □SCC		45,000.00	45,000	0.00	
			SUBTOTAL\$	82,100.00			

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

SCHEDULE A (CONT.)
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CALIFORNIA

Statement covers period .

				from07/01/2	2008	FORM LOO
				through <u>09/30/2</u>	2008	Page7 of53
NAME OF FILER						I.D. NUMBER
Save Our Cit	ry, No on T					1306920
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. S	AR TODATE
08/04/2008	Macerich Santa Monica, dba Santa Monica Place  : Phoenix, AZ 85028	☐IND ☐COM 図OTH ☐PTY ☐SCC		10,000.00	30,000	.00
08/05/2008	First Regional Bank Century City, CA 90067	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,500	0.00
08/07/2008	Dicott Corporation Paradise Valley, AZ 85253	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00		.00
08/07/2008	FelCor Lodging Trust Inc.  Irving, TX 75062	□IND □COM 図OTH □PTY □SCC		45,000.00	45,000	.00
	Macerich Santa Monica, dba Santa Monica Place Phoenix, AZ 85028	□IND □COM ③OTH □PTY □SCC		20,000.00	30,000	.00
			SUBTOTAL\$	76,750.00		

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from <u>07/01/2</u>	2008	FORM TOO
				through _09/30/2	2008 Pa	age <u>8</u> of <u>53</u>
NAME OF FILER					1.1	D. NUMBER
Save Our Cit	ty, No on T				1	306920
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
08/12/2008.	The Fairmont Miramar Hotel  Santa Monica, CA 90401	□IND □COM ☑OTH □PTY □SCC		16,000.00	25,872.	65
08/14/2008	Belle Vue Plaza Santa Monica, CA 90401	□IND □COM 図OTH □PTY □SCC		35,000.00	49,500.	00
08/20/2008	A.E. German Car Service, Dijar Corporation  Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC		25.00	. 25.1	
08/20/2008	Elias Custom Tailoring, Inc. Santa Monica, CA 90401	□IND □COM ▼OTH □PTY □SCC	•	50.00	50.0	00
08/20/2008	Four Oaks Garage, Inc. Santa Monica, CA 90401	□IND □COM ဩOTH □PTY □SCC		100.00	100.0	0
			SUBTOTAL\$	51,175.00		

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

SCHEDULE A	(CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from 07/01/2008		FORM 460	
				through <u>09/30/2</u>	2008 P	age 9 of 53	
NAME OF FILER		· <del></del>			Í.	.D. NUMBER	
Save Our Ci	ty, No on T					1306920	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	R TO DATE	
08/20/2008	Stockbridge Real Estate Fund III-A, LP  San Francisco, CA 94111	□IND □COM ☑OTH □PTY □SCC		35,000.00	. 45,000.	00	
08/21/2008	Greg Hargrave  Pacific Palisades, CA 90272	IND COM COTH PTY SCC	CPA Greg Hargrave	250.00	250.	00	
08/22/2008	Great Care Medical Group  Santa Monica, CA 90405	□IND □COM 図OTH □PTY □SCC		100.00	100.	00	
08/25/2008	George Collins Santa Monica, CA 90407	⊠IND □COM □OTH □PTY □SCC	Attorney George W Collins, Inc.	100.00	100.		
08/25/2008	Patton's Pharmacy Santa Monica, CA 90403	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	100.0	00	
			SUBTOTAL\$	35,550.00		e eggenelds de g	

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SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from \_\_\_\_\_07/01/2008

				through09/30/2	008		0 of53
NAME OF FILER						I,D, NU	MBER
Save Our Cit	ty, No on T					1306	920
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/25/2008	Santa Monica Air Center, Inc. Santa Monica, CA 90405	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	10	00.00	
08/27/2008	Lexus Santa Monica Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC		10,000.00	10,00	0.00	
09/02/2008	David Forbes Hibbert  Santa Monica, CA 90404	☑IND □COM □OTH □PTY □SCC	Architect David Forbes Hibbert, AIA	500.00	1,00	0.00	
09/02/2008	Tramell Crow Company  Century City, CA 90067  Paid through intermediaries, Brad Cox and the Sa	□IND □COM ☑OTH □PTY □SCC nt Monica C	namber of Commerce	6,150.00	6,15	0.00	
09/03/2008	California Association of Realtors (IMPAC)  Los Angeles, CA 90020	□IND IX COM I□ OTH I□ PTY I□ SCC		1,000.00	1,00	0.00	

SUBTOTAL\$

17,750.00

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Type or print in ink. Amounts may be rounded to whole dollars SCHEDULE A (CONT.)

Monetary	y Contributions Received	Amounts may to whole		Statement covers period from 07/01/2008		california 460	
				through <u>09/30/</u>	8008	Page11 c	of53
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER	
Save Our Ci	ty, No on T					1306920	
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 DEC. S	AR TO	ELECTION DATE EQUIRED)
09/03/2008	Harding Larmore Mullen Jakle Kutcher & Kozal, LLP  Santa Monica, CA 90401	□IND □COM ☑OTH □PTY □SCC		10,000.00	24,000	0.00	
09/03/2008	John Zinner Santa Monica, CA 90402	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Zinner Consultants	100.00	100	0.00	
09/05/2008	David Forbes Hibbert Santa Monica, CA 90404	☑IND □COM □OTH □PTY □SCC	Architect  David Forbes Hibbert, AIA	500.00	1,000	0.00	
09/09/2008	Leonard Adler Santa Monica, CA 90402	⊠IND □COM □OTH □PTY □SCC		35.00	35	.00	
09/09/2008	Daniel Benjamin Santa Monica, CA 90405	⊠IND □COM □OTH □PTY □SCC		30.00	30	.00	
			SUBTOTAL\$	10,665.00			

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

SCHEDULE A (CONT
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CALIFORNIA FORM

Statement covers period

*			·	through09/30/2	008	Page_	<u>12</u> of <u>53</u>
NAME OF FILER Save Our Ci						I.D. NUI 1306	
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, ENTERNAME OF BUSINESS)	AMOUNT RÉCEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/09/2008	Thomas Cleys  Santa Monica, CA 90405	⊠IND □COM □OTH □PTY □SCC	Treasurer Santa Monica Chamber of Commerce	200.00	20	00.00	
09/09/2008	Dalila Corry Santa Monica, CA 90403	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		50.00	5	0.00	
09/09/2008	Mary Devall Santa Monica, CA 90403	⊠IND □COM □OTH □PTY □SCC		10.00		0.00	
09/09/2008	Daryl Forman Santa Monica, CA 90406	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		10.00	1	0.00	
09/09/2008	John Given Santa Monica, CA 90405	□сом □отн	City Planner	.100.00	10	0.00	
			SUBTOTAL\$	370.00		N = 5 YEAR (1)	

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Type or print in ink, Amounts may be rounded to whole dollars, SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

					from <u>07/01/</u>	2008	FORM TOO
					through <u>09/30/</u>	2008 Pa	ge 13 of 53
NAME OF FILER	•					1.0	), NUMBER
Save Our Ci	ty, No on T				•	1	306920
DATE RECEIVED	(IF COM	ADDRESS AND ZIP CODE OF CONTRIBUTOR (MITTEE, 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
09/09/2008	Hines 26th Street I		□IND □COM 図OTH □PTY □SCC		4,500.00	49,500.0	00
09/09/2008	Sernice Hodnett  Santa Monica, CA	90404	⊠IND □COM □OTH □PTY □SCC		25.00	25.0	
09/09/2008	Linda Jassim-Pugh Santa Monica, CA	90405	⊠IND □COM □OTH □PTY □SCC		10.00	10.0	0
09/09/2008	Dorothy Kendall Santa Monica, CA	90403	⊠IND □COM □OTH □PTY □SCC		30.00	30.0	0
09/09/2008	marcia McMartin Santa Monica, CA	90402	⊠IND □COM □OTH □PTY □SCC		15.00	15.01	
				SUBTOTAL\$	4,580.00		

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

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from 07/01/2008

			· · · · · · · · · · · · · · · · · · ·		1	
				through09/30/2	8008 F	Page 14 of 53
NAME OF FILER						I,D. NUMBER
Save Our Ci	ty, No on T		•			1306920
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 YEA (JAN, 1 - DEC. 3	R TODATE
09/09/2008	Carolyn Nuban Santa Monica, CA 90403	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		20.00	20	.00
09/09/2008	Par Commercial Brokerage, Inc. Santa Monica, CA 90401	□IND □COM · ⊠OTH □ PTY □SCC		200.00	200	.00
09/09/2008	Sheri Porath Santa Monica, CA 90405	IND ☐COM ☐OTH ☐PTY ☐SCC		40.00	40	.00
09/09/2008	David Reese Santa Monica, CA 90403	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		50.00	50	.00
09/09/2008	Carol Riel  Santa Monica, CA 90404	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		2.00	2.	00
		-	SUBTOTAL\$	312.00		

\*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

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

SCHEDULE A (CONT.)

Statement covers period

			***************************************	from07/01/2	8008	FORM TOO
				through <u>09/30/2</u>	8008	Page 15 of 53
NAME OF FILER				· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER
Save Our Cit	y, No on T					1306920
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 DEC. (JAN. 1 - DEC. )	AR TODATE
09/09/2008	Cean Shiroma Santa Monica, CA 90401	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		20.00	20	0.00
09/09/2008	Sylvia Stuppler Santa Monica, CA 90403	IND COM COTH COTH COTH COTH COTH COTH COTH COTH		10.00	10	0.00
09/11/2008	Belle Vue Plaza Santa Monica, CA 90401	☐IND ☐COM ☑OTH ☐PTY ☐SCC		4,500.00	49,500	0.00
09/12/2008	Cannon Design  Los Angeles, CA 90067	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000	.00
09/12/2008	Howard Laks Architects Santa Monica, CA 90401	□IND □COM 図OTH □PTY □SCC		750.00	1,000	.00
			SUBTOTAL\$	6,280.00		

\*Contributor Codes

iND -- Individual

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

Statement covers period

Monetary Contributions Received		Amounts may to whole		Statement covers period from07/01/2008		california 460 FORM	
		-		through <u>09/30/2</u>	008	Page.	16 of 53
NAME OF FILER						I.D. NU	MBER
Save Our Ci	ty, No on T					1306	920
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/16/2008	Ocean Avenue Partners, LLC San Francisco, CA 94111	□IND □COM 図OTH □PTY □SCC		4,500.00	4,50	00.00	
09/17/2008	Abbott Brown Los Angeles, CA 90024	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	CEO Ridgestone Corporation	1,000.00	1,00	0.00	
09/18/2008	Aleks Istanbullu Architects, Inc. Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC	·	250.00	25	0.00	
09/18/2008	Dallas, TX 75201	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,50	0.00	
09/22/2008	Matt Construction Corporation  Santa Fe Springs, CA 90670	□IND □COM 図OTH □PTY □SCC		400.00	400	0.00	
			SUBTOTAL\$	8 650 00		-532	grande de deservir de la company

\*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

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

	e e	•	·	from <u>07/01/</u>	2008	FORM SILVA
				through <u>09/30/</u> 2	2008 Pa	ge <u>17</u> of <u>53</u>
NAME OF FILER		····	<del></del>		I.D	NUMBER
Save Our Cit	Ly, No on T				1:	306920
				i	<del></del>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
09/23/2008	Village Trailer Park, LLC  Santa Monica, CA 90404	□IND □COM 図OTH □PTY □SCC		17,500.00	20,000.0	0
09/24/2008	Suchi Branfman Santa Monica, CA 90405	⊠IND □COM □OTH □PTY □SCC		. 25.00	25.0	
09/24/2008	Kenneth Breisch Santa Monica, CA 90403	⊠IND □COM □OTH □PTY □SCC		25.00	25.0	
09/24/2008	Linda Gordon  Los Angeles, CA 90064	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	
09/24/2008	Ronald Robbins Santa Monica, CA 90401	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		1.00	1.00	
			SUBTOTAL\$	17,651.00	STATES OF THE	

\*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

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

SCHEDULE A (I	CONT.)
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CALIFORNIA FORM

Statement covers period

from \_\_\_\_07/01/2008

				through <u>09/30/2</u>	008	Page _	18 of 53
NAME OF FILER						I.D. NUN	MBER
Save Our Cit	ry, No on T	-				13069	20
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/24/2008	Roberts Business Park, SM, LLC Santa Monica, CA 90404	☐IND ☐COM 図OTH ☐PTY ☐SCC		20,000.00	20,00	00.00	
09/24/2008	Elizabeth Vagner Santa Monica, CA 90403	⊠IND □COM □OTH □PTY □SCC		5.00		5.00	
09/25/2008	Quin Crosbie Santa Monica, CA 90405	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		35.00	3	5.00	
09/25/2008	Gensler San Francisco, CA 94105	□IND □COM ☑OTH □PTY □SCC		5,000.00	. 5,00	0.00	
09/25/2008	Sylvia Harary Santa Monica, CA 90402	⊠IND □COM □OTH □PTY □SCC		15.00	1	5.00	
-			SUBTOTAL\$	25,055.00	ans in sign	3 (2 d)	

\*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

Type or print in ink. Amounts may be rounded

SCHEDULE A	

wonetary	Contributions Received	to whole		from <u>07/01/2</u>	•	CALIF FO	orm 460
				through <u>09/30/2</u>	800	Page_	19 of 53
NAME OF FILER	· · ·			<u> </u>		I.D. NUN	MBER
Save Our Cit	Ly, No on T					13069	920
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
09/25/2008	Katharine King Santa Monica, CA 90405	IND ☐COM ☐OTH ☐PTY ☐SCC	Concert Producer Katharine King	100.00	1	00.00	
09/26/2008	Ah'be Landscape Architects Culver City, CA 90232	□IND □COM 図OTH □PTY □SCC		1,000.00	1,50	00.00	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL\$	1,100.00			

\*Contributor Codes

!ND-Individual

COM - Recipient Committee

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

#### Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

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

	SCHEDULE C
Statement covers period	CALIFORNIA / CO
from 07/01/2008	FORM FOU
through 09/30/2008	Page of53
	1.D. NUMBER 1306920

	TIONS ON REVERSE		•		through 03/30/2000	Page_	of
NAME OF FILE	ER City, No on T					1.D. NUN 13069	
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 O GOODS OR SERVIO		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/15/2008	Santa Monica, CA 90401	□IND □COM □OTH □PTY □SCC		Fundraising lun	nch 872.65	25,872.65	
09/30/2008	Harding Larmore Mullen Jakle Kutcher & Kozal,  Santa Monica, CA 90401	LL□IND □COM ☑OTH □PTY □SCC		Legal services	4,500.00	24,000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	litional information on appropriately labele	ed continuation	on sheets.	SUBTOT	<b>AL\$</b> 5,372.65	1987	
1. Amount r (Include a	C Summary eceived this period itemized nonmonetary all Schedule C subtotals.)eceived this period unitemized nonmonetary		*				t Committee an PTY or SCC) g., business entity)

5,372.65

SCC - Small Contributor Committee

Supporti	Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		nt in ink. be rounded dollars.	Statement covers	CALIF	CALIFORNIA FORM 460	
SEE INSTRÚCTI	IONS ON REVERSE			through09/30/2	008 Page _	21 of 53	
NAME OF FILER Save Our C	Rity, No on T				I.D. NUN 13069		
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)	
07/02/2008	Measure T  City of Santa Monica	Monetary Contribution Nonmonetary Contribution	WEB	690.00	152,559.21		
	Support 区 Oppose	Independent Expenditure					
07/22/2008	Measure T  City of Santa Monica  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Postage	745.00	152,559.21		
07/31/2008	Measure T  City of Santa Monica  Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Consulting	13,888.67	152,559.21		
			SUBTOTAL	<b>-\$</b> 15,323.67			

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

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

	•	unoug	···	rage 01
NAME OF FILER				I.D. NUMBER
Save Our City, No on T				1306920
	. •			
			CUMULATIVE	TO DATE PER ELECTION

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)
07/31/2008	Measure T City of Santa Monica	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	Consulting	5,000.00	152,559.21	
	☐ Support 区 Oppose	Expenditure				
07/31/2008	Measure T  City of Santa Monica	Monetary Contribution	Consulting	. 5,000.00	152,559.21	
•		Nonmonetary Contribution  X Independent				
	☐ Support ☒ Oppose	Expenditure				
08/13/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution	Office expense	150.00	152,559.21	
	Support X Oppose	Independent Expenditure				
08/13/2008	Measure T	Monetary Contribution	Mailing	307.07	152,559.21	
	City of Santa Monica	Nonmonetary Contribution  Independent				
	☐ Support ☑ Oppose	Expenditure				
			SUBTOTAL \$	10,457.07		

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

NAME OF FILER				······································	. I.D. 7	NUMBER
Save Our C	ity, No on T			ī	13	06920
Y-10/11					<u> </u>	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
08/13/2008	Measure T City of Santa Monica	Monetary Contribution	Mailing	342.79	152,559.	21
	city of Santa Monitea	Nonmonetary Contribution				
	☐ Support 区 Oppose	Independent Expenditure				
08/13/2008	Measure T	Monetary Contribution	Postage	420.00	152,559.2	21
· .	City of Santa Monica	Nonmonetary Contribution			•	
	☐ Support ☒ Oppose	X Independent   Expenditure			•	
08/26/2008	Measure T	Monetary Contribution	WEB	500.00	152,559.2	1
	City of Santa Monica	Nonmonetary Contribution				
	☐ Support	x Independent Expenditure				
08/26/2008	Measure T	Monetary Contribution	WEB	1,740.00	152,559.2	1
	City of Santa Monica	Nonmonetary Contribution				
	☐ Support      ☐ Oppose	Independent Expenditure				
			SUBTOTAL \$	3 002 79		

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE D (CON
State	ment covers period	CALIFORNIA 460
from	07/01/2008	FORM
through	09/30/2008	Page 24 of 53
		I.D. NUMBER
		1306920

NAME OF FILER Save Our City, No on T PER ELECTION CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS CALENDAR YEAR TODATE TYPE OF PAYMENT DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1'- DEC. 31) (IF REQUIRED) OR COMMITTEE 300.00 152,559.21 08/26/2008 Slate mailer Measure T Contribution City of Santa Monica ☐ Nonmonetary Contribution Independent Expenditure ☐ Support X Oppose 1,500.00 152,559.21 08/26/2008 Slate mailer Measure T Monetary Contribution City of Santa Monica Nonmonetary Contribution Independent Expenditure X Oppose ☐ Support 400.00 152,559.21 08/26/2008 Slate mailer Measure T Monetary Monetary Contribution City of Santa Monica □ Nonmonetary Contribution x Independent Expenditure ☐ Support X Oppose 1,100.00 152,559.21 ☐ Monetary Slate mailer 08/26/2008 Measure T Contribution ☐ Nonmonetary City of Santa Monica Contribution x independent Expenditure ☐ Support X Oppose SUBTOTAL \$ 3,300.00

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHE	DULE	D (COI	NΤ
State	ment covers period	CALIF	ORNI	A //	A	
from	07/01/2008	FO	RM			
through	09/30/2008	Page_	25	_ of _	53	_
		I.D. NUM	BER			
		12060	20			

NAME OF FILER Save Our City, No on T CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TODATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 08/26/2008 520,00 152,559,21 Measure T Slate mailer Monetary Contribution City of Santa Monica ☐ Nonmonetary Contribution X Independent Expenditure ☐ Support X Oppose 08/26/2008 500.00 152,559.21 Measure T Slate mailer Contribution City of Santa Monica □ Nonmonetary Contribution Independent Expenditure ☐ Support X Oppose 08/26/2008 Mailing 152,559.21 Measure T Monetary Contribution City of Santa Monica Nonmonetary Contribution X Independent Expenditure Support X Oppose 08/26/2008 Mailing 1,415.91 152,559.21 Measure T Contribution City of Santa Monica ☐ Nonmonetary Contribution |x Independent Expenditure Support SUBTOTAL \$ 2,823.45

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

☐ Support

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

NAME OF FILER Save Our C	ity, No on T				I.D. NUI 1306	
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)
08/26/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution Independent	Mailing	1,510.09	152,559.21	·
	☐ Support ☒ Oppose	Independent Expenditure				
08/26/2008	Measure T City of Santa Monica  ☐ Support  ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailing	1,767.72	152,559.21	
08/26/2008	Measure T  City of Santa Monica  Support X Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailing	3,469.41	152,559.21	
08/26/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution	POS and Mail Services	9,238.31	152,559.21	

SUBTOTAL \$

15,985.53

Expenditure

☐ Support

NAME OF FILER

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

SCHEDULE D (CONT.)

Statement covers period

from \_\_\_\_\_07/01/2008

through \_\_\_\_09/30/2008

Page \_\_\_\_27 of \_\_\_53

I.D. NUMBER
1306920

Save Our C	ity, No on T		. '		13069	
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)
08/26/2008	Measure T	Monetary Contribution	Slate mailer	2,620.00	152,559.21	
	City of Santa Monica	Nonmonetary Contribution		-		
	☐ Support ☒ Oppose	Independent Expenditure				
09/04/2008	Measure T	Monetary Contribution	Office expense	90.00	152,559.21	
	City of Santa Monica	Nonmonetary Contribution				
	Support 🗵 Oppose	Independent Expenditure				
09/04/2008	Measure T	Monetary Contribution	CMP	350.00	152,559.21	
,	City of Santa Monica	Nonmonetary Contribution				
	Support X Oppose	Independent Expenditure				
09/05/2008	Measure T	Monetary Contribution	POL	31,105.00	152,559.21	
	City of Santa Monica	☐ Nonmonetary				

Contribution Independent

Expenditure

SUBTOTAL \$

34.165.00

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

· · · · · · · · · · · · · · · · · · ·	SCHEDULE D (CONT
Statement covers period	CALIFORNIA / CO
from07/01/2008	FORM - OU
through09/30/2008	Page28 of53
	I.D. NUMBER
	1306920

Save Our C	ity, No on T				•	13069	220
DATE	MEASURE NUMBER OR L	FFICE, AND DISTRICT, OR ETTER AND JURISDICTION, IMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2008	Measure T City of Santa Monica		Monetary Contribution	Mailing	11,416.05	152,559.21	
	city of Santa Monica		Nonmonetary Contribution				
	☐ Support	X Oppose	x Independent Expenditure				·
09/09/2008	Measure T		Monetary Contribution	Consulting	13,888.67	152,559.21	
	City of Santa Monica		Nonmonetary Contribution				
	☐ Support	X Oppose	X Independent Expenditure				
09/09/2008	Measure T	·	Monetary Contribution	Consulting	5,000.00	152,559.21	
	City of Santa Monica		Nonmonetary Contribution				
	☐ Support	X Oppose	Independent Expenditure				
09/09/2008	Measure T		Monetary Contribution	Consulting	5,500-00	152,559.21	
	City of Santa Monica		Nonmonetary Contribution				
	☐ Support	☑ Oppose	x Independent Expenditure				
		•		SUBTOTAL \$	35,804.72		

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** FORM 07/01/2008 from Candidates, Measures and Committees 09/30/2008 through NAME OF FILER I.D. NUMBER Save Our City, No on T 1306920 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 09/16/2008 686.00 152,559.21 Measure T Slate mailer Monetary Contribution City of Santa Monica Nonmonetary Contribution x Independent ☐ Support X Oppose Expenditure 09/16/2008 Measure T Slate mailer 175,00 152,559.21 Contribution City of Santa Monica □ Nonmonetary Contribution X Independent Expenditure ☐ Support X Oppose 09/16/2008 Slate mailer 650.00 Measure T 152,559.21 ☐ Monetary Contribution City of Santa Monica Nonmonetary Contribution x Independent Expenditure ☐ Support X Oppose 09/17/2008 ☐ Monetary POS and Mail Services 7,907.78 152,559.21 Measure T Contribution City of Santa Monica ☐ Nonmonetary Contribution | Independent Expenditure. Support X Oppose SUBTOTAL \$ 9,418.78

☐ Support

X Oppose

NAME OF FILER

Save Our City, No on T

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2008

through 09/30/2008

Page 30 of 53

I.D. NUMBER
1306920

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)
09/17/2008	Santa Monica Action Committee K-12 PAC	X Monetary Contribution		20,000.00	20,000.00	G 08 20,000.0
		Nonmonetary Contribution		Try to the control of		
	Support Dppose	Independent Expenditure				
09/19/2008	Measure T City of Santa Monica	Monetary Contribution	CMP	402.34	152,559.21	
	city of Santa Monica	Nonmonetary Contribution				
	Support X Oppose	X Independent Expenditure				
09/19/2008	Yes on Measure R	Monetary Contribution	1/2 cent sales tax for transportation	10,000.00	10,000.00	G 08 10,000.0
·	Los Angeles County	Nonmonetary Contribution				
	⊠ Support ☐ Oppose	Independent Expenditure				
09/22/2008	Measure T	Monetary Contribution	Office expense	170.00	152,559.21	
	City of Santa Monica	☐ Nonmonetary				

Contribution
Independent
Expenditure

**SUBTOTAL \$** 30,572.34

# Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Save Our City, No on T

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2008

through 09/30/2008

Page 31 of 53

I.D. NUMBER
1306920

DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, OMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2008	Measure T City of Santa Monica		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	Slate mailer	1,115.34	152,559.21	
09/25/2008	☐ Support	X Oppose	Expenditure	02-1	1 007 53	153 550 21	
	Measure T  City of Santa Monica		Monetary Contribution Nonmonetary Contribution	Slate mailer	1,007.52	152,559.21	
	Support	X Oppose	Independent Expenditure				
09/29/2008	Measure T City of Santa Monica		Monetary Contribution Nonmonetary Contribution Independent	Consulting	5,000.00	152,559.21	
	☐ Support	X Oppose	Independent Expenditure				
09/29/2008	Measure T  City of Santa Monica		Monetary Contribution	Consulting	4,000.00	152,559.21	
	Support	☑ Oppose	Nonmonetary Contribution  Independent Expenditure				

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers  from07/01/2  through09/30/2	2008 <b>F</b> C	CALIFORNIA 460  Page 32 of 53	
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		I.D. NU		
Save Our C	ity, No on T				1306	920	
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)	
09/30/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution	WEB	1,600.00	152,559.21		
	☐ Support ☒ Oppose	Independent Expenditure					
09/30/2008	Measure T  City of Santa Monica	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	CMP	720.00	152,559.21		
	☐ Support ☑ Oppose	Expenditure					
09/30/2008	Measure T City of Santa Monica	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	Field work	. 273.00	152,559.21		
	Support X Oppose	Expenditure	·				
09/30/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution	Field work	333.00	15 <b>2</b> ,559.21		
	Support 🖸 Oppose	Independent Expenditure			·		
		-	SUBTOTAL	\$ 2,926.00			

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

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2008

through 09/30/2008

Page 33 of 53

I.D. NUMBER
1306920

NÂME OF FILER	8				1.5	VIIII III III III III III III III III I
	tity, No on T					D. NUMBER 1306920
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 E CALENDAR YEA (JAN. 1 - DEC. 31	AR TO DATE
09/30/2008	City of Santa Monica	Monetary Contribution Nonmonetary Contribution Independent	Field work	579.00	152,559	0.21
09/30/2008	☐ Support ☒ Oppose  Measure T  City of Santa Monica	Expenditure  Monetary Contribution Nonmonetary Contribution	Field work	399.00	152,559	.21
09/30/2008	☐ Support ☒ Oppose	X Independent Expenditure				
59, 30, <b>2</b> 000	Measure T  City of Santa Monica	Monetary Contribution Nonmonetary Contribution	Field work	519.00	152,559	.21
	☐ Support ☒ Oppose	Independent Expenditure				
09/30/2008	Measure T City of Santa Monica	Monetary Contribution Nonmonetary Contribution	Field work	513.00	152,559.	21
	Support 🖸 Oppose	Independent Expenditure				
			SUBTOTAL \$	2,010.00		

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE DICCONT. Amounts may be rounded **Summary of Expenditures** Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** FORM 07/01/2008 from Candidates, Measures and Committees 09/30/2008 through NAME OF FILER I.D. NUMBER Save Our City, No on T 1306920 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 09/30/2008 147.00 152,559.21 Measure T Field work Contribution City of Santa Monica □ Nonmonetary Contribution X Independent Expenditure ☐ Support X Oppose 09/30/2008 5,500.00 152,559.21 Consulting Measure T Contribution City of Santa Monica ☐ Nonmonetary Contribution |X Independent Expenditure ☐ Support X Oppose Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution

SUBTOTAL \$

5,647.00

Nonmonetary
Contribution
Independent
Expenditure

Support

Oppose

#### Schedule E Payments Made

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

	SCHEDULEE
Statement covers period	CALIFORNIA 460
from07/01/2008	FORM TOO
through	Page35 of53
	I.D. NUMBER
	1306920

SEE INSTRUCTIONS ON REVERSE				tni	ougn	Page	or
NAME OF FILER		-		<u> </u>		1.D. N	UMBER
Save Our City, No on T						1306	920
						-	
CODES: If one of the following codes accurately describes	the navment w	ou may o	oter the code	Othonwico	describe the n	ayment	
CMP campaign paraphernalia/misc.	MBR member con						
CNS campaign consultants	MTG meetings ar			RFD		nd production costs	•
CTB contribution (explain nonmonetary)*	OFC office exper	, ,		SAL			
CVC civic donations	PET petition circu	ulating		TEL.		ime and production co	sts
FIL. candidate filing/ballot fees	PHO phone bank			TRC		l, lodging, and meals	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and			TRS		vel, lodging, and meal	
LEG legal defense			nessenger service egal, accounting)	es TSF VOT			ame candidate/sponsor
LIT campaign literature and mailings	PRT print ads	(1000)	-ga., accua,,ag,	WEB		nology costs (internet,	e-mail)
NAME AND ADDRESS OF PAYEE				:_:_			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
Holdridge Technologies		IND	WEB				690.00
				41			
Lake Oswego, OR 97034		ĺ				- N	
bake Oswego, Ok 57034						•	
Fund Raising, Inc.		CNS					7,500.00
		ļ					
Inc. Augustage CA. 000005	•		·				
Los Angeles, CA 90025							
Bruce Cameron		CNS	.]				5,000.00
Santa Monica, CA 90405							
						<u> </u>	
Payments that are contributions or independent expenditures mu	st also be summa	arized on S	Schedule D.			SUBTOTAL	13,190.00
							13,190.00
Schedule E Summary			.*				.•
. Itemized payments made this period. (Include all Schedule E	subtotals.)					\$	255,270.21
. Unitemized payments made this period of under \$100	·					¢	10.19
	•						
. Total interest paid this period on loans. (Enter amount from Sc	cnedule B, Part 1	, Column	(e).)			\$	0.00
. Total payments made this period. (Add Lines 1, 2, and 3. Ente	er here and on th	e Summa	ry Page, Colur	nn A, Line 6.	)	TOTAL \$	255,280.40
				•	•	•	

Schedule E	
(Continuation Sheet)	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

Save Our City, No on T

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Staten	nent covers period	CALIFORNIA / CO
from	07/01/2008	FORM TOU
through	09/30/2008	Page 36 of 53
	· .	I.D. NUMBER
		1306920

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations t.v. or cable airtime and production costs PET petition circulating candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service		Postage	
		Toptage	
	IND		745.00
Santa Monica, CA 90401			
Barbara Grover Inc.			
		Consulting	
	IND	·	13,888.67
Los Angeles, CA 90026			
Bruce Cameron			
		Consulting	•
	IND	·	5,000.00
Santa Monica, CA 90405			
Fund Raising, Inc.			
		·	
	CNS		2,500.00
Los Angeles, CA 90025	CNS		
Aaron Keshishian			
	IND	Consulting	5 000 00
			5,000.00
Granada Hills, CA 91344	e.		
Granada Hills, CA 71344	•	`.	
	\	CLIDIOTAL	

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

SUBTOTAL \$

27,133.67

SCHE	DULE	Ë	(CONT.

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

Statement covers period **CALIFORNIA FORM** 07/01/2008 09/30/2008 Page 37 of 53 I.D. NUMBER

from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Save Our City, No on T 1306920

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* campaign workers' salaries OFC office expenses SAL CVC civic donations petition circulating t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS legal defense professional services (legal, accounting) voter registration LEG PRO VOT campaign literature and mailings PRT print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1		
Bell, McAndrews & Hiltachk			
	PRO		5,975.29
Santa Monica, CA 90401	*		
Fund Raising, Inc.			
	CNS		15,000.00
Los Angeles, CA 90025	1	· ·	
	· ·		
Lauren Cochran		2.00	,
		Office expense	
	IND		150.00
Santa Monica, CA 90403			
Seaside Printing Company, Inc.		Mailing	
	· [	4	307.07
	IND		# # · · · •
Long Beach, CA 90802			
		·	
Seaside Printing Company, Inc.			
	IND	Mailing	342.79
			342.79
			,
Long Beach, CA 90802			
		<u> </u>	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

21,775.15

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period from 07/01/2008

through 09/30/2008

Page 38 of 53

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications campaign consultants returned contributions meetings and appearances CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries OFC TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL FND fundraising events. polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) LΠ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE:	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service		Postage	
	IND		420.00
Santa Monica, CA 90401			
Fund Raising, Inc.	<u> </u>	·	
	CNS		12,484.00
Los Angeles, CA 90025			
Thomas Larmore		Office insurance	
			1,664.06
Santa Monica, CA 90401			
Biscuit Technologies		WEB	
Los Angeles, CA 90019	IND		500.00
Biscuit Technologies			
	IND	WEB	1,740.00
Los Angeles, CA 90019			·

NAME OF FILER

Save Our City, No on T

I.D. NUMBER

1306920

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Schedule E
(Continuation Sheet)
Payments Made

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Statem	ent covers period	CALIFORNIA A CO
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through_	09/30/2008	Page 39 of 53
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		1306920

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Save Our City, No on T

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 RFD returned contributions campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries OFC t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees phone banks FIL PHO polling and survey research staff/spouse travel, lodging, and meals fundraising events TRS POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF POS LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Law Enforcement Voter Guide (#598005)		Slate mailer	
		State matter	
	IND		300.00
Los Angeles, CA 90071			
California Voter Guide (#595004)			
		Slate mailer	
	IND		1,500.00
Torrance, CA 90501	1112		
Citizens for Good Government (#599010)			
	İ	Slate mailer	
	IND		400.00
0		'	
Covina, CA 91722			
Democratic Voters Choice (#595002)			
500000000		Slate mailer	
			1,100.00
Covina, CA 91722	IND		
COVINA, CA 31/22			
Independent Voters League (#588034)			
		Slate mailer	
	IND	·	520.00
		·	
Los Angeles, CA 90071			
	1		•

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,820.00

SCHEDIII E E (CONT.)

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

Long Beach, CA 90802

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

		OO! (LDOLL L (OO!1!)
Statem	ent covers period	CALIFORNIA 160
from	07/01/2008	FORM TOO
through_	09/30/2008	Page 40 of 53
		I.D. NUMBER
		1306920

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Save Our City, No on T

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. campaign consultants RFD returned contributions meetings and appearances office expenses CTB contribution (explain nonmonetary)\* OFC campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC staff/spouse travel, lodging, and meals fundraising events POL polling and survey research TRS transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF PRO voter registration professional services (legal, accounting) VOT legal defense campaign literature and mailings PRT print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Parents and Teachers for a Better California (#596016) Slate mailer IND 500.00 Los Angeles, CA 90071 Seaside Printing Company, Inc. Mailing 387.54 IND Long Beach, CA 90802 Seaside Printing Company, Inc. Mailing 1,415.91 IND Long Beach, CA 90802 Seaside Printing Company, Inc. Mailing 1,510.09 IND Long Beach, CA 90802 Seaside Printing Company, Inc. Mailing IND 1,767.72

 $^st$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

5,581.26

SCHEDUL	EΕ	(CONT.

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA / CO
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through_	09/30/2008	Page 41 of 53
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Our City, No on T

ID. NUMBER

1306920

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate filing/ballot fees candidate travel, lodging, and meals phone banks TRC fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF legal defense PRO professional services (legal, accounting) VOT voter registration 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
Seaside Printing Company, Inc.		Mailing	
T T 03 00000	IND		3,469.41
Long Beach, CA 90802			
The Charters Mailing Group, Inc. Signal Hill, CA 90406	IND	POS and Mail Services	9,238.31
Voter Information Guide (#593003)			
	IND	Slate mailer	2,620.00
Sherman Oaks, CA 91423			
Fund Raising, Inc.	···		
Los Angeles, CA 90025	CNS		4,403.13
Bell, McAndrews & Hiltachk			
	PRO .		8,566.41
Santa Monica, CA 90401			

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D,

**SUBTOTAL \$** 

28,297.26

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

		OOTILDOLL L (OOITI.)
Statement covers period		CALIFORNIA 160
from	07/01/2008	FORM TOU
.through_	09/30/2008	Page 42 of 53
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		1306920

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 of
 53

 NAME OF FILER
 I.D. NUMBER

 Save Our City, No on T
 1306920

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	
CTB_contribution_(explain_nonmonetary)*	
orb contribution (copyright norminologically)	
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 fundralsing 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 candidates.	ate/sponsor
LEG legal defense PRO professional services (legal, accounting) VOT voter registration	
LIT campaign literature and mallings PRT print ads WEB information technology costs (internet, e-mail)	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lauren Cochran		Office expense	
		office expense	
	IND		90.00
Santa Monica, CA 90403			
Colby Poster Printing Company	· · · · · · <u> </u>		·
		CMP	250.00
	IND	'	350.00
Los Angeles, CA 90015			
Goodwin Simon Victoria Research	•		
··		POL	
	İND		31,105.00
Culver City, CA 90232			•
Curver creat, car source			
Lorna Turner			
		·	750.00
	OFC	·	
Los Angeles, CA 90064			. 1. 4
Barbara Grover Inc.			
	IND	Mailing	11 116 05
			11,416.05
Los Angeles, CA 90026			

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

**SUBTOTAL \$** 

43,711.05

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

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from07/01/2008	FORM TOU
through09/30/2008	Page 43 of 53
	I.D. NUMBER
	1306920

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Save Our City, No on T	* * * * * * * * * * * * * * * * * * *			·	13069:	20
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey research	RAI S RFI SA TEL TRO	oradio airtime and productions campaign workers' salut.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodging transfer between communications.	uction costs laries d production cost gg, and meals ging, and meals nittees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	The Section of the Se	CODE OF	R DESCRIPT	ON OF PAYMENT		AMOUNT PAID
Barbara Grover Inc.  Los Angeles, CA 90026		IND	Consulting			13,888.67
Bruce Cameron			Consulting			

Balbala Glovel Inc.		Consulting	
Los Angeles, CA 90026	IND		13,888.67
Los Angeles, CA 90026			
Bruce Cameron		Consulting	
	IND	Constituting	5,000.00
Santa Monica, CA 90405	1142		· ·
Aaron Keshishian			
		Consulting	
	IND		5,500.00
Granada Hills, CA 91344			
Aaron Keshishian		OFC, PRT, POS	~
			1,040.48
Granada Hills, CA 91344			
Coalition for Senior Citizen Security (#592015)			
	IND	Slate mailer	686.00
Los Angeles, CA 90039		·	
			*

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

26,115.15

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNIA /60
from	07/01/2008	FORM TOU
through_	09/30/2008	Page44 of53
		I.D. NUMBER
		1306920

Save Our City, No on T 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 meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations petition circulating PET TEL candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads information technology costs (internet, e-mail) PRT WEB NAME AND ADDRESS OF PAYEE AMOUNT DAID

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Equity Office	OFC		8,716.00
Pasadena, CA 91101			
Our Voice Latino Voter Guide (#599015)	IND	Slate mailer	175.00
Los Angeles, CA 90039			
The Council of Concerned Women Voters (#1226327)	IND	Slate mailer	650,00
Los Angeles, CA 90039			· · .
Fund Raising, Inc.	CNS		8,094.63
Los Angeles, CA 90025			
Santa Monica Action Committee K-12 PAC (#1259902)	CTB	·	
	CIB		20,000.00
Santa Monica, CA 90404			

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

SUBTOTAL \$

37,635.63

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31.F	ולו דלו –13	 I LA LANGE

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Statement covers period	CALIFORNIA 160
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Save Our City, No on T							1306920
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/bailot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member commeetings and OFC office experiments petition circuments polling and spostage, del	nmunications d appearance nses llating s survey resea ívery and m	ees		radio airtime and returned contribu campaign worker t.v. or cable airtim candidate travel, I staff/spouse trave	production costions s' salaries ne and productiong, and mel, lodging, and committees of	ion costs eals I meals I the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
The Charters Mailing Group, Inc.  Signal Hill, CA 90406		IND	POS and Mail	Services			7,907.78
Colby Poster Printing Company			- Court		· · · · · · · · · · · · · · · · · · ·		

		POS and Mail Services	
	IND		7,907.78
Signal Hill, CA 90406			
Colby Poster Printing Company	-		
		CMP	402.34
	IND		402.54
Los Angeles, CA 90015			
Yes on Measure R (#1311478)			
163 OH MORDERS IN (#2022470)	'	1/2 cent sales tax for	·
	CTB	transportation	10,000.00
Los Angeles, CA 90067			
bus Angeles, CA 50007			
Lauren Cochran		Office expense	
			170.00
	IND		
Santa Monica, CA 90403			
The Green Card (#1293664)			
	IND	Slate mailer	
	IND .		1,115.34
07.01222			
Covina, CA 91722			

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

SUBTOTAL \$

19,595.46

SCH			

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

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

PRT

print ads

		~ · · · · · · · · · · · · · · · · · · ·
Staten	nent covers period	CALIFORNIA / CO
from	07/01/2008	FORM TOU
through_	09/30/2008	Page 46 of 53
·		I.D. NUMBER
		1306920

Save Our City, No on T CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications returned contributions campaign consultants meetings and appearances CNS campaign workers' salaries CTB contribution (explain nonmonetary)\* SAL OFC office expenses CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals fundraising events polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services legal defense PRO professional services (legal, accounting) VOT voter registration 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
Working Families Voter Guide (#1306920)		Slate mailer	
Covina, CA 91722	IND		1,007.52
Bruce Cameron		Consulting	
	IND		5,000.00
Santa Monica, CA 90405			
Sean Fabi (#622-03-1716)		Consulting	
Los Angeles, CA 90045	IND		4,000.00
surfsantamonica.com		WEB	
Santa Monica, CA 90406	IND		1,600.00

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

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

**CALIFORNIA** Statement covers period **FORM** 07/01/2008 from through 09/30/2008 Page 47 of 53 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1306920 Save Our City, No on T 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 RFD returned contributions CNS campaign consultants meetings and appearances CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers salaries CVC civic donations TEL. t.v. or cable airtime and production costs PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LFG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) (d) (a) CODE OR NAME AND ADDRESS OF CREDITOR OUTSTANDING AMOUNT INCURRED AMOUNT PAID OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD Fund Raising, Inc. 10,000.00 10,000,00 0.00 CNS 0.00 Los Angeles, CA 90025 Bell, McAndrews & Hiltachk 5,975,29 0.00 PRO 5,975.29 0.00 Santa Monica, CA 90401 Bruce Cameron 5,000.00 CNS 0.00 5,000.00 0.00 Santa Monica, CA 90405 \* Payments that are contributions or independent expenditures must also be **SUBTOTALS \$** 20.975.29 \$ 0.00\$ 20.975.29\$ 0.00 summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.) INCURRED TOTALS \$ \_\_\_\_\_\_14,835.10 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 20,975.29 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ \frac{-6,140.19}{\text{May be a negative number}}\$

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Save Our City, No on T

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2008	FORM TOU
through 09/30/2008	Page 48 of 53
	I.D. NUMBER
	1306920

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalla/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services POS transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
AAA Flag & Banner Mfg. Co.	IND CMP	0.00	720.00	0.00	720.00
Los Angeles CA 90034					
Bell, McAndrews & Hiltachk	PRO	0.00	5,350.29	0.00	5,350.29
Santa Monica CA 90401					
Aaron Keshishian	IND Consulting	0.00	5,500.00	0.00	5,500.00
Granada Hills CA 91344		, and the second			•
Aaron Keshishian	OFC, POS	0.00	501.81	0.00	501.81
Granada Hills CA 91344					
	SUBTOTALS \$	0.00 \$	12,072.10 \$	0.00\$	12,072.10

SCL	コロロコ		E (6	CONT

#### Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

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

**CALIFORNIA** Statement covers period FORM 07/01/2008

	through   F	age 49 of 53
NAME OF FILER	Q.I	. NUMBER
Save Our City, No on T		1306920
CODES: If one of the following codes accurately describes the pay		.306920

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions campaign consultants MTG meetings and appearances SAL campaign workers' salaries contribution (explain nonmonetary)\* office expenses t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
Arsen Mirzanian	IND Field work	. 0.00	. 273.00	0.00	273.00
Santa Monica CA 90405					
Edrik Mehrabi	IND Field work	0.00	333.00	0.00	333.00
Santa Monica CA 90405					
Elizabeth Livorine	IND Field work	0.00	579.00	. 0.00	579.00
Santa Monica CA 90405					· · · · · · · · · · · · · · · · · · ·
Matthew Habibeh	IND Field work	0.00	399.00	0.00	399.00
Santa Monica CA 90405					
	SUBTOTALS \$	0.00	1,584.00 \$	0.00	1,584.00

SCHEDULE F (CONT.)

#### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| CALIFORNIA 460 | FORM | 460 | CALIFORNIA | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM | FORM |

Save Our City, No on T

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 returned contributions campaign consultants CNS meetings and appearances CTB contribution (explain nonmonetary)\* office expenses campaign workers' salaries OFC CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate filing/ballot fees phone banks candidate travel, lodging, and meals FIL PHO

POL polling and survey research
TRS staff/spouse travel, lodging, and meals
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TRS staff/spouse travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

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)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
Sean O'Day	IND Field work	0.00	519.00	0.00	519.00
Santa Monica CA 90405				ĺ	
Shant Apelian	IND Field work	0.00	513.00	0.00	513.00
Santa Monica CA 90405					
Yvonne Villegas			·····		
Ivonie villegas	IND Field work	0.00	147.00	0.00	147.00
Santa Monica CA 90405					
	SUBTOTALS \$	0.00 \$	1,179.00 \$	0.00\$	1,179.00

## 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.

SCHEDULE
CALIFORNIA ACO
FORM 400
Page51 of53
I.D. NUMBER
1306920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Our City, No on T

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Barbara Grover Inc.

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Othe	erwis	e, describe the payment.
CMP	campaign paraphemalia/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			staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		TSF	transfer between committees of the same candidate/sponsor
	legal defense		professional services (legal, accounting)			voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE	AMOUNT PAID	
IND	Mailing	11,416.05
:		
·		
•		
	IND	IND Mailing

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

11,416.05

<sup>\*</sup> 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.

## 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.

	SCHEDULE G
Statement covers period	CALIFORNIA / CO
from <u>07/01/2008</u>	_ FORM 400
through 09/30/2008	— Page52 of53
	I.D. NUMBER 1306920

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Save Our City, No on T

Thomas Larmore

NAME OF FILER

СО	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		candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and survey research		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)		voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)	

<sup>\*</sup> 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 I.D. NUMBER)	CODE C	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tegner-Miller Insurance Brokers	OFC		1,664.06
Santa Monica CA 90403			
·			
,			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,664.06

<sup>\*</sup> 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.

# 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.

· ·	SCHEDULE
Statement covers period	CALIFORNIA / CO
from <u>07/01/2008</u>	FORM 400
through 09/30/2008	Page53 of53
	I.D. NUMBER
·	1306920

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Charters Mailing Group, Inc.

SEE INSTRUCTIONS ON REVERSE

Save Our City, No on T

NAME OF FILER

CO	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	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		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		polling and survey research		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
	legal defense	PRO	professional services (legal, accounting)		voter registration
LΠ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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 LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Long Beach Post Office	IND	Postage	6,285.18
Long Beach CA 90809			
Long Beach Post Office	IND	Postage	6,285.18
Long Beach CA 90809			

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 12

<sup>\*</sup> 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.