

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

Date Stamp Received 10/23/20 via email after deadline. SC	CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>10</u>		For Official Use Only

Statement covers period from <u>09/20/2020</u> Through <u>10/17/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. Number
1429585

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

Jerry Jones for Mayor 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Lemon Grove CA 91945 [REDACTED]

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

La Mesa CA 91942

OPTIONAL: FAX / EMAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

William Baber

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

La Mesa CA 91942 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL 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

Executed on 10-22-20
Date
Executed on 10-22-20
Date
Executed on _____
Date
Executed on _____
Date

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

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Type or print in ink

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jerry Jones

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
/ Mayor of Lemon Grove

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Lemon Grove, CA 91945

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*

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent,
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed*

NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

COVER PAGE

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>3</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jerry Jones for Mayor 2020

I.D. NUMBER
1429585

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A,	\$ 3,665.00	\$ 11,514.00
2. Loans Received Schedule B,	0.00	2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Line 1	\$ 3,665.00	\$ 13,514.00
4. Nonmonetary Contributions Schedule C,	0.00	1,580.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3	\$ 3,665.00	\$ 15,094.00

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E,	\$ 8,071.35	\$ 9,499.41
7. Loans Made Schedule	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Line 6	\$ 8,071.35	\$ 9,499.41
9. Accrued Expenses (Unpaid Bills) Schedule F,	0.00	0.00
10. Nonmonetary Adjustment Schedule C,	0.00	1,580.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 +	\$ 8,071.35	\$ 11,079.41

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line	\$ 8,270.94
13. Cash Receipts Column A, Line 3	3,665.00
14. Miscellaneous Increases to Cash Schedule I,	0.00
15. Cash Payments Column A, Line 8	8,071.35
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line <i>If this is a termination statement, Line 16 must be zer</i>	\$ 3,864.59

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 amounts

17. LOAN GUARANTEES RECEIVED Schedule B,	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B	\$ 2,000.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Jerry Jones for Mayor 2020**

ID NUMBER
1429585

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2020	Keith Anderson [REDACTED] La Mesa, CA 91942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner AIC Inc.	\$250.00	\$250.00	\$250.00 G-20
09/29/2020	Brian Bernier [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$125.00	\$125.00 G-20
10/12/2020	Citizens for a Better East County [REDACTED] La Mesa, CA 91942 1378848	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00 G-20
09/20/2020	Howard Cook [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Food Sales Tarantino Foods	\$200.00	\$200.00	\$200.00 G-20
10/04/2020	Ann Dufon [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$200.00	\$200.00 G-20

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.)

\$ 3,350.00

\$ 315.00

2. Amount received this period - unitemized contributions of less than \$100

3. Total monetary contributions received this period.

TOTAL \$ 3,665.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>5</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Jerry Jones for Mayor 2020**

ID NUMBER
 1429585

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	Michael R. Finch [REDACTED] Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive RCP Block & Brick	\$200.00	\$200.00	\$200.00 G-20
10/06/2020	Infrastructure PAC Assoc. General Contractors [REDACTED] San Diego, CA 92121 940906	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	\$1,000.00 G-20
10/07/2020	Andrew Lambert [REDACTED] La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer Andrew Lambert	\$100.00	\$100.00	\$100.00 G-20
09/22/2020	James R. Lee [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$500.00	\$500.00	\$500.00 G-20
09/29/2020	Robert Lloyd [REDACTED] SANTEE, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/ CEO Lloyds Collision Center Inc	\$100.00	\$100.00	\$100.00 G-20
SUBTOTAL					\$ \$1,900.00	Enter on Summary Page, Line 17 only

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>6</u> of <u>10</u>
NAME OF FILER Jerry Jones for Mayor 2020		ID NUMBER 1429585

SEE INSTRUCTIONS ON REVERSE

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2020	Lance Martini [REDACTED] San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Criminalist Paradigm Information Services	\$40.00	\$100.00	\$100.00 G-20
09/28/2020	Lance Martini [REDACTED] San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Criminalist Paradigm Information Services	\$60.00	\$100.00	\$100.00 G-20
09/20/2020	James Stewart [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Programmer World Advancement of Technology for EMS and Rescue	\$250.00	\$250.00	\$250.00 G-20
10/17/2020	WECA Good Government PAC [REDACTED] Sacramento, CA 95814 991225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00 G-20
SUBTOTAL				\$ \$600.00	Enter on Summary Page, Line 17 only	

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

Schedule B - Part 1
Loans Received

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jerry Jones for Mayor 2020

ID NUMBER
1429585

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jerry L. Jones [REDACTED] Lemon Grove, CA 91945	Lemon Grove City Council Member	\$2,000.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$2,000.00 12/31/2020 DATE DUE	0.000 % RATE \$0.00	\$2,000.00 09/04/2020 DATE INCURRED	CALENDAR YEAR \$2,875.00 PER ELECTION** \$2,875.00 G-20
		SUBTOTALS	\$0.00	\$0.00	\$2,000.00	\$0.00		

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$0.00
2. 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.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$0.00 <small>(May be a negative number)</small>

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

† Contributor Codes IND - Individual COM - Recipient Committee (Other than PTY or SCC) OTH - Other PTY - Political Party

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

** If required.

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>8</u> of <u>10</u>
NAME OF FILER Jerry Jones for Mayor 2020		I.D. NUMBER 1429585

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jerry Jones for Mayor 2020

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	campaigns workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eye Comm : 10960 Wheatlands Avenue Suite 108 Santee, CA 92071	LIT		Mailer	\$3,548.79
Eye Comm : 10960 Wheatlands Avenue Suite 108 Santee, CA 92071	LIT		Mailer	\$3,580.06
Republican Party San Diego County : 741949 16935 W Bernardo Dr Ste 140 San Diego, CA 92127	PRT			\$425.00

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

SUBTOTAL \$ 7,553.85

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$7,903.85
2. Unitemized payments made this period of under \$100	\$167.50
3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,071.35

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>9</u> of <u>10</u>
NAME OF FILER Jerry Jones for Mayor 2020		I.D. NUMBER 1429585

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Jerry Jones for Mayor 2020

I.D. NUMBER
 1429585

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 campaigns workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ron Cook Media : [REDACTED] Lakeside, CA 92040	WEB		Videos	\$350.00

SUBTOTAL \$ \$350.00

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

Type or print in ink.
 Amounts may be rounded

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>10</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Jerry Jones for Mayor 2020

ID NUMBER
 1429585

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Eye Comm

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 campaigns workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Service 11251 Rancho Carmel Dr San Diego, CA 92199	POS		\$1,360.90
U.S. Postal Service 11251 Rancho Carmel Dr San Diego, CA 92199	POS		\$1,360.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2,721.80

*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 contract as reported on Schedule E.