Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp: FILED JUN 27 2005 REGISTRAR OF VOTERS Deputy

CALIFORNIA 2001.02 FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/31/05 through 06-30-05

Date of election if applicable: (Month, Day, Year) June 2006

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

- [x] Officeholder, Candidate Controlled Committee
  - (x) State Candidate Election Committee
  - ( ) Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ( ) Sponsored
  - ( ) Small Contributor Committee
  - ( ) Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ( ) Controlled
  - ( ) Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [x] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1261380

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

DeYoung for Supervisor

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

[redacted]

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

[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Catherine Madigan

MAILING ADDRESS

[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/24/05 (Date) By Catherine Madigan (Signature of Treasurer or Assistant Treasurer)

Executed on 7/24/05 (Date) By Cathy DeYoung (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Cathryn DeYoung

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

Supervisor, County of Orange, 5th District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from 01/31/05 through 06-30-05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER: 1261380

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE to date
1. Monetary Contributions	Schedule A, Line 3	$ 46,679.00	$ 111,631.00
2. Loans Received	Schedule B, Line 3	400,000.00	700,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 446,679.00	$ 811,631.00
4. Nonmonetary Contributions	Schedule C, Line 3	9,310.00	9,310.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 455,989.00	$ 820,941.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 134,813.71	$ 185,991.55
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 134,813.71	$ 185,991.55
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3	9,310.00	9,310.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 144,123.71	$ 195,301.55

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
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 313,773.88
13. Cash Receipts	Column A, Line 3 above	446,679.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	134,813.71
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 625,639.17

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 1-31-05
through 6-30-05

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/05	Glenn Aga [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President IC Associates, LLC	250.00	250.00	
05/13/05	J. Dougall Agan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Stirling Development	100.00	100.00	200.00
05/22/05	Chris Alexander [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Sea West Properties	100.00	100.00	
05/20/05	Lawrence Armstrong [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO- Ware Malcomb	250.00	250.00	
05/07/05	Patrica Aston [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	400.00
			SUBTOTAL $	950.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 45,024
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,655
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 46,679

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/1/05	Don Ayres, Jr. [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Ayres Company	200.00	200.00	350.00
05/14/05	Gigi Barto [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Signal Hill Petroleum	175.00	175.00	675.00
06/03/05	Kim Bessolo [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	
05/18/05	Susan Bialek [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	300.00	900.00
05/14/05	Birkland, Cooper & Associates, LLC [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	

SUBTOTAL $ 1025.00

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/05	Bishop Enterprises [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	175.00	
05/19/05	Brandy Bitcher [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Developer Birtcher Development	1,500.00	1,500.00	
06/02/05	Kenneth Blake [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Accountant ECCO Equipment Corp.	200.00	200.00	
05/26/05	Barbara Bowie [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed Attorney - Aka Bowie Barbara - Housewife	250.00	250.00	
06/04/05	Brand Growth, Inc. [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	

SUBTOTAL $ 2,625.00

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/05	Susan Breidenbach [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Hendrix Allardyce	250.00	250.00	
05/27/05	Consuelo Brogan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	1400.00
06/03/05	Eleonor Brown [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	175.00	175.00	
06/03/05	Robert Brown [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Services Tax & Fin Group	175.00	175.00	425.00
05/25/05	Dennis Buccola [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Buccola Maintenance	500.00	500.00	1000.00
			SUBTOTAL $	1,350.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/05	Melody Burbank [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,000.00	1,000.00	1,200.00
05/21/05	Constance Burns [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed Connies Contracts	175.00	175.00	
06/05/05	Caltrop [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	1500.00
06/01/05	Barbara Cameron-Massrey [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	
05/31/05	Patty Canright [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Sales (RN - Patty) Tomalocy - mark	250.00	250.0	400.00

SUBTOTAL $ 1,775.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/14/05	John Capelletti [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Operations Mgr. Alpha Bio, Inc.	100.00	100.00	
05/18/05	Kim Chetney [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	25.00	25.00	125.00
06/01/05	Cinda Churm [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Publishing Churrm Publishing	250.00	250.00	400.00
05/07/05	Bernadine Chwalek [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Pacific Life	100.00	100.00	
05/19/05	Elizabeth Coates [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
			SUBTOTAL $	575.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/05	Gary Cogorno [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Manager Pico Medal Prods	100.00	100.00	
05/14/05	Sam Corliss [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investments Cope Andover Capital	100.00	100.00	250.00
05/20/05	Crescent Capital Mmgmnt [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
06/04/05	Shellye Cummings [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed Endodontist - Read Shellye - homemaker	500.00	500.00	650.00
05/17/05	Robert Davis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1500.00	1500.00	
			SUBTOTAL $	2300.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/22/05	Nancy DeYoung [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	1500.00	1500.00	
05/23/05	Roger DeYoung Jr. [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President DeYoung Construction	1500.00	1500.00	
06/11/05	Costanzo DeAngelis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed Restaurant owner	150.00	150.00	
06/01/05	David W. Dietrich [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance training Auto Club	250.00	250.00	
06.05.05	Distribution Mngmnt Group [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
			SUBTOTAL $	3650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/04/05	DMJM Harris [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC	DJ&MHarris	1000.00	1000.00	1250.00
05/14/05	Lori Donchak [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Planning Commissioner San Clemente	250.00	250.00	
05/20/05	Marta Egan [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	
05/11/05	Donald Ellis [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	350.00
05/14/05	Robert Emett [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Entrepeneur / Retired	500.00	500.00	1500.00
			SUBTOTAL $	2100.00	[redacted]	

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/14/05	Mary Anne Turley-Emett [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist	500.00	500.00	
05/20/05	Elizabeth Everett [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Vortex Industries	250.00	250.00	
05/31/05	Sherry Farhang [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Financial Analyst	125.00	125.00	275.00
06/08/05	Richard Farino [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Construction Farino Const. Services	175.00	175.00	325.00
06/04/05	Janet Finley [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Psychologist	175.00	175.00	274.00
			SUBTOTAL $	1225.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/28/05	G. Thomas Fleming [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney	100.00	100.00	350.00
05/22/05	Christi Fredericks [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	teacher Manhattan Beach Unified	250.00	250.00	
05/12/05	Helen Gomberg [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	450.00
05/18/05	GPM Mgmt Service [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	400.00
05/31/05	Patty Greaney [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	500.00
			SUBTOTAL $	1050.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/05	Mary Green [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Rutan & Tucker Rutan + Tucker	500.00	500.00	750.00
05/18/05	Hart, King and Coldren [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1500.00	1500.00	
05/16/05	William Hayward [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
06/01/05	Otis Healy [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	175.00	175.00	
05/25/05	Susan Hinman [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	125.00	
			SUBTOTAL $	2550.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/05/05	Hodge & Associates [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	175.00	
06/02/05	R. Brian and Nancy Hunsaker [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker - Nancy Also Fitness Instructor	500.00	500.00	750.00
06/05/05	Jef Group, Inc. [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	500.00
05/14/05	Mark C. Johnson [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CEO Chapin Medical Company	1500.00	1500.00	
05/31/05	Jeffrey Johnsrud, M.D. [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self employed Physician	250.00	250.00	400.00

SUBTOTAL $ 2675.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/06/05	Dorothy S. Kennedy [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist	1500.00	1500.00	
06/06/05	Donald P. Kennedy [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman Emeritus First American Corp.	1500.00	1500.00	
1/11/05	Cris Kenney [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician - UCI	200.00	200.00	450.00
06/08/05	Helen Kensrue [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO M.K. Products	100.00	100.00	
06/05/05	Jan Kerchner [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educational consultant	250.00	250.00	400.00
			SUBTOTAL $	3550.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/16/05	Debra Kermott [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	175.00	175.00	275.00
06/07/05	Mallory Ketchum [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
06/05/05	Ketchum Investment Co. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	
06/07/05	Elizabeth King [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Interior Design Elizabeth King Designs	250.00	250.00	500.00
06/04/05	Carl Knutson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Attorney at Law	100.00	100.00	
			SUBTOTAL $	825.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/14/05	Hagop (Jack) Kofdalari [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed / owner	250.00	250.00	550.00
05/20/05	Laguna Hills Estates LLC [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.00	
06/03/05	Robert Langham [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA SELF	300.00	300.00	450.00
05/20/05	Michael Lawrence [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Real Estate Marcus & Millichap	500.00	500.00	
06/01/05	Allen Lazar [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Chariston, Reich & Chamber	100.00	100.00	
			SUBTOTAL $	1300.00	[redacted]	

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/22/05	J. Christopher Lewis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner - Riordan, Lewis and Haden	250.00	250.00	
05/20/05	Diane Lijestrom [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney - Sheppard, Millin, et.al.	250.00	250.00	350.00
06/05/05	Elizabeth Lijestrom [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	100.00	100.00	
05/12/05	Andrea Lydon [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Accredited Home Lendors (Joe) Andrea - Homemaker	250.00	250.00	350.00
06/07/05	Cameron Luther [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Aide	250.00	250.00	
			SUBTOTAL $	1100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/26/05	Cathy Madigan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	250.00	250.00	550.00
05/16/05	Magana, Cathcart & McCarthy [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		175.00	175.00	
06/05/05	Stephanie Dorey [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember San Clemente	250.00	250.00	
06/08/05	James F. McConnell [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Attorney	249.00	249.00	498.00
05/23/05	Mark C. McMahan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Rancher JMJ Ranch	1000.00	1000.00	
			SUBTOTAL $	1924.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/14/05	Suzanne Mellor [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	1,100.	1500.00	1,500
05/14/05	Jim Mellor, Sr. [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1500.00	1500.00	1,500
06/01/05	Minager & Assoc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		400.00	400.00	800.00
05/20/05	Minks Family Trust [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100
06/05/5	Stuart Moisen [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banker	250.00	250.00	250
			SUBTOTAL $	3,350.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

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Cathryn DeYoung / DeYoung For Supervisor

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06/01/05	Navarro Retail [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	175.00	525.00
05/14/05	Sandy Norton [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self employed	100.00	100.00	350.00
6/20/05	Margaret Potocki [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	100.00	100.00	
06/12/05	Premier Magnetics [redacted]	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	
06/01/05	Susan Purel [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Private Investor	175.00	175.00	275.00
			SUBTOTAL $	800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/05	Jennifer Ramsey [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed St. Margarets	250.00	250.00	
06/08/05	Lucy Rawlins [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner (Rick) R & B Wire Products Lucy - homemaker	250.00	250.00	400.00
05/18/05	Jilly Rebeil [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Developer (Steve) Jilly - homemaker	500.00	500.00	
06/01/05	Joan Riach [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Builder Cursey -Riach Co. (Tom) Joan - Homemaker	250.00	250.00	
05/04/05	Rivertech [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		175.00	175.00	325.00
			SUBTOTAL $	1425.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

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1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/05	Sonia Robinson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	300.00
06/01/05	Ruland & Matingly [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	800.00
06/11/05	S & S Construction [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1500.00	1500.00	
05/25/05	Tammy Santarsiero [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Marshal & Stevens, Inc. - mark Tammy - homemaker + mom	250.00	250.00	550.00
06/01/05	SC Park Associates [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
			SUBTOTAL $	2500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 1-31-05
through 6-30-05

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NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/05	Denise Schaffer [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Student	100.00	100.00	
06/01/05	Schlesinger Financial Service [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
05/08/05	Kimberly Selby [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	175.00	175.00	
06/04/05	Moira Seaman [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Bus. Dev. Seaton Com	175.00	175.00	
05/14/05	Bob Sinclair [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	200.00
			SUBTOTAL $	650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 1/31/05
through 6/30/05

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NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

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1261380

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06/03/05	Susan Stauff [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate - Colliers Seeley – Clyde Susie - Homemaker	250.00	250.00	400.00
06/25/05	SUKUT Construction [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	1500.00
05/20/05	Vicki Sutro [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer - Southpark Co – Don Vicki - Homemaker	50.00	50.00	400.00
05/31/05	Anne Thomas [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney - Simpson, Thacher, Bartlett	250.00	250.00	
06/04/05	Laura Thomson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	
			SUBTOTAL $	1300.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/14/05	Louis Tomaselli [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Voit Commercial Brokerage	500.00	500.00	
06/01/05	Tuttles Carpet [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	500.00
05/27/05	Virtual Estates [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		175.00	175.00	925.00
05/20/05	Von Der Ahe, Clyde [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Orange County District Attorneys office	100.00	100.00	
05/28/05	Tracy Weintraub [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Apparel Manufacturing 2 Bistro	250.00	250.00	600.00

SUBTOTAL $ 1275.00

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/05	Donna Wertz [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA Wertz & Company (Russell) Donna-Housewife	250.00	250.00	
06/11/05	West Coast Arborists [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	600.00
05/23/05	Mike Whipple [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Advisor MF Whipple & Company	175.00	175.00	274.00
06/04/05	Shirley Wilson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	175.00	175.00	325.00
05/20/05	Dennis Wood [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Employee Benefits Consulting firm The Employee Group, Inc	250.00	250.00	400.00
			SUBTOTAL $	1050.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/14/05	Randee S. Yoder [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Investment Shrader Investments	100.00	100.00	1500.00
05/14/05	Frank Hotchkiss [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed architect	25.00	25.00	100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	125.00		

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SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period from 1-31-05 through 6-30-05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER: 1261380

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 NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cathryn DeYoung [redacted] †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 300,000	$ 400,000	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 700,000 DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ 700,000 PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 400,000		$		$		

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

Schedule B Summary

1. Loans received this period ..... $ 400,000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 400,000.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

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

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

* see pg. 31A.

Campaign Loan Document

On this date, June 25,2005, I, Cathryn DeYoung, loaned my campaign account, DeYoung for Supervisor, the sum of $400,000. There is no interest rate for this loan and the length of the loan is indefinite.

Signed Cathy DeYoung

Cathryn DeYoung

Dated: 6/25/05

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 1-31-05
through 6-30-05

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/05	Cathryn DeYoung [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Laguna Niguel [redacted]	computer supplies	2,550.00		
4/15/05	Cathryn DeYoung [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Laguna Niguel [redacted]	office space	3,410.00		
4/5/05	Cathryn DeYoung [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Laguna Niguel [redacted]	misc office supplies	750.00		
6/5/05	Cathryn DeYoung [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Laguna Niguel [redacted]	statitionary	250.00		

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 8,950.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 9,310—
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 9310.00

*Contributor Codes
IND – Individual
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SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 1/31/05
through 6/30/05

Page 33 of 39

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15/05	Cathryn DeYoung [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Laguna Niguel [redacted]	office furniture	2,000.00		
4/5/05	Jim Mellor, Jr [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self employed Attorney	computer monitor	100.00	200.00	1,500.00
4/5/05	Allison Davis [redacted]	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	chairs	50.00	50.00	1,450.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 2,150.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 9,310
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 9,310 –

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

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM **460**

Statement covers period
from 1-31-05
through 6-30-05

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

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	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
Beverages and More [redacted]	FRD		393.54
Committee to re-elect Tracy Worley * per TinCup	RFD	*Refunded per TinCup provision regarding Committees	100.00
Comp USA [redacted]	OFC		3176.92

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

SUBTOTAL $ 3,670.46

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 134,813.71
2. Unitemized payments made this period of under $100 ..... $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 134,813.71

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

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	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
Cox Communications [redacted]	OFC / WEB		155.12
Forde and Mollrich [redacted]	CNS / LIT		86,750.00
Ray Gennaway [redacted]	SAL		500.00
Heritage Design Group [redacted]	OFC		1055.95
Staples [redacted]	OFC		291.99

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

SUBTOTAL $ 88,753.06

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung for Supervisor

I.D. NUMBER
1261380

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	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
MB Public Affairs, Inc. [redacted]	CNS		3750.00
Neff-Neff Catering [redacted]	FND		3405.37
Networking directory [redacted]	CMP		45.95
Niguel Copy & Mail	OFC		120.00
Registrar of Voters [redacted]	CMP		110.10

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

SUBTOTAL $ 7431.42

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1-31-05
through 6-30-05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

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	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
Paper Annex [redacted]	POS		210.84
Pattie Limon [redacted]	PRO		500.00
Radio Shack [redacted]	OFC		32.29
RheemMedia [redacted]	CNS		2900.00
Jan Rojas	SAL		60.00

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

SUBTOTAL $ 3703.13

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 1/31/05 through 6/30/05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER: 1261380

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	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
Rotary Club	CMP		15.00
Sater Secretarial Service [redacted]	SAL		375.10
SDGE [redacted]	OFC		404.91
South County Printing [redacted]	~~PRT~~ LIT		2404.93
Staples [redacted]	OFC		1978.03

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

SUBTOTAL $ 5177.97

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1/31/05
through 6/30/05

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn DeYoung / DeYoung For Supervisor

I.D. NUMBER
1261380

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	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
The Star Cleaning System [redacted]	~~ODC~~ OFC			168.00
Terry Moving & Storage, Inc. [redacted]	OFC			425.00
Trans Pacific Association [redacted]	~~CNS~~ SAL			22500.00
Trans Pacific Association [redacted]	~~RFD~~ OFC			1319.67
US Postmaster [redacted]	POS			1665.00

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

SUBTOTAL $ 26077.67