Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001-02 FORM 460

Page 1 of 28

For Official Use Only

ORIGINAL

FILED

Date Stamp

JAN 31 2005

REGISTRAR OF VOTERS

By Deputy

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/01/04 through 12/31/04

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

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ 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
- [ ] Amendment (Explain below)
- [ ] 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 [redacted] STATE Ca ZIP CODE [redacted] AREA CODE/PHONE [redacted]

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

CITY [redacted] STATE ZIP CODE [redacted] AREA CODE/PHONE [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
Catherine Madigan

MAILING ADDRESS
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Sheri Schwabe

MAILING ADDRESS
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/25/05 (Date) By Catherine Madigan (Signature of Treasurer or Assistant Treasurer)

Executed on 1/25/05 (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. 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 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 7/01/04 through 12/31/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DeYoung for Supervisor

I.D. NUMBER: 1261380

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 22,404.00	$ 64,952.00
2. Loans Received	Schedule B, Line 3	0.00	300,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 22,404.00	$ 364,952.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 22,404.00	$ 364,952.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 34,069.84	$ 51,177.84
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 34,069.84	$ 51,177.84
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 34,069.84	$ 51,177.84

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 325,439.72
13. Cash Receipts	Column A, Line 3 above	22,404.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	34,069.84
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 313,773.88

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $ -0-
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ -0-

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).

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	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*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 to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 7/01/04
through 12/31/04

Page 4 of 28

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 21,648.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 756.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 22,404.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/13/04	June Adams [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
12/18/04	AKM Consulting [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	400.00	
11/12/04	Bob Aston [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	
12/30/04	Austin-Faust [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	
11/13/04	Don Jr. Ayres [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Ayres Company	150.00	150.00	
			SUBTOTAL $	850.00	[redacted]	

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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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

NAME OF FILER
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)
11/17/04	Gigi Barto [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	250.00	250.00	
11/13/04	Sue Bialek [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	300.00	600.00	
11/23/04	Doreen Birtcher [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	250.00	400.00	
11/12/04	Consuelo Brogan [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	1,000.00	1,150.00	
11/17/04	Don Brogan [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	

SUBTOTAL $ 2,050.00 [redacted]

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OTH – Other
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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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

NAME OF FILER
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)
11/17/04	Robert Brown [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFP Tax & Financial Group	150.00	250.00	
11/13/04	Dennis & Nanette Buccola [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor Oakleaf Landscape	500.00	500.00	
11/16/04	Dana Butler [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Kane Schrader Inc.	200.00	350.00	
12/18/04	Care Ambulance [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	400.00	
11/16/04	Jerry Choate [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	

SUBTOTAL $ 1,200.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
12/18/04	Cofiroute Global [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	400.00	
11/17/04	Committee for Improved Public [redacted]	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	#860849	250.00	750.00	
11/12/04	Sam Corliss [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	
11/29/04	Cox Commun. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	500.00	
12/04/04	CR&R/Solag [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,400.00	1,400.00	

SUBTOTAL $ 2,200.00

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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 7/1/04
through 12/31/04

NAME OF FILER
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)
11/17/04	Larry Crandall [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Mayor City of Fountain Valley	100.00	100.00	
11/16/04	Shellye Cummings [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	150.00	150.00	
11/13/04	D & S Depierro Trust [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	100.00	
11/17/04	Doug Davert [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Davert & Loe	200.00	200.00	
12/30/04	Diamond Contract [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	
			SUBTOTAL $	800.00	[redacted]	

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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 7/1/04
through 12/31/04

NAME OF FILER
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)
12/30/04	Doctor's Ambulance [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
11/12/04	Paulette Dotson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250.00	250.00	
08/19/04	Leslie & Jim Earley [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		300.00	300.00	
11/29/04	John & Debbie Edgcomb [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homebuilder Pulte Homes	100.00	100.00	
11/14/04	Mary Ellis [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	
			SUBTOTAL $	900.00	[redacted]	

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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 7/1/04
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NAME OF FILER
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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)
11/21/04	Enterplast [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1,000.00	1,000.00	
11/12/04	Sherry Farhang [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Financial Analyst Self Employed	150.00	150.00	
12/09/04	Geo Syntec [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	
11/17/04	GPM Mgmt Services [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		200.00	350.00	
11/16/04	Patty Greaney [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	250.00	250.00	

SUBTOTAL $ 1,750.00

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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 7/1/04
through 12/31/04

NAME OF FILER
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)
11/29/04	Mary Green [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Rutan & Tucker	250.00	250.00	
11/17/04	Maureen Hayes [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Business Dev Parsons	250.00	400.00	
11/17/04	William Hodge [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Hodge & Assoc	250.00	250.00	
11/23/04	Imperial Manufacturing Co. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
11/12/04	Rola Jneid [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Lifetime Music Academy	250.00	250.00	

SUBTOTAL $ 1,250.00

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/21/04	Jeffrey Johnsrud [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	M.D. Self Employed	150.00	150.00	
11/17/04	Elizabeth King [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Interior Designer Elizabeth King Designs	250.00	250.00	
11/16/04	Hagop Kofdalari [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Developer J & R Oil Co.	300.00	300.00	
12/11/04	Laidlaw Transit Sevices [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		249.00	249.00	
11/16/04	Law Offices ofGarfield Logan [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	Attorney Self Employed - Law Offices Garfield Logan	250.00	250.00	

SUBTOTAL $ 1,199.00 [redacted]

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OTH – Other
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

CALIFORNIA FORM 460

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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)
12/04/04	Cathy Madigan [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	150.00	300.00	
11/17/04	Mazurek & Associates [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	
11/12/04	McDaniel Const. [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
11/29/04	Suzanne Mellor [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	400.00	
11/16/04	Minagar & Associates [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	

SUBTOTAL $ 700.00 [redacted]

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/17/04	Robert Ming [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Jeffries & Co Inc.	150.00	150.00	
12/11/04	David Myszko [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Residential R.E. Sales Assoc. realtors	150.00	150.00	
12/18/04	National Traffic Safety Institute [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	400.00	
11/17/04	Navarro Retail Group [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	350.00	
11/05/04	Sandy Norton [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consulting Self Employed	150.00	250.00	

SUBTOTAL $ 750.00 [redacted]

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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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/29/04	Nossaman, Gunther [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Attorney Nossaman, Gunther, Knox & Elliott	250.00	250.00	
11/17/04	Patrick O'Toole [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney US Attorney's Office	100.00	100.00	
12/04/04	Stephen Park [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	R.E. Developer Park Gibbs Dev Co	200.00	450.00	
12/02/04	Parsons Brinkerhoff [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		249.00	249.00	
11/17/04	Tom Peters [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Environmental Planner CH2M Hill	250.00	250.00	

SUBTOTAL $ 1,049.00

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IND – Individual
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OTH – Other
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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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/17/04	Lucy Rawlins [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner R & B Wire Prod.	150.00	150.00	
11/17/04	RBF Consulting [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
11/21/04	Rietsch Enterprises Inc. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
11/17/04	Rivertech [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
11/20/04	RMC Inc [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
			SUBTOTAL $	750.00	[redacted]	

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/17/04	Christine Roberts [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant CH2M Hill	150.00	150.00	
12/09/04	Ronald Rubino [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Sales E. Stream Inc.	150.00	150.00	
11/21/04	Ruland & Matingly [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	550.00	
11/17/04	Mark Sachar [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Self Employed	150.00	300.00	
11/13/04	Marilyn & Ben Sampson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	

SUBTOTAL $ 850.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
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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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/13/04	Tammy Santasiero [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	150.00	300.00	
11/18/04	Schafer Consulting Inc. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	
11/17/04	Lewis Schainuck [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
11/21/04	William Scilacci [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO So Cal Edison	200.00	450.00	
11/16/04	Robert Sergi [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Auto Exec Nissan	100.00	250.00	
			SUBTOTAL $	800.00		

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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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

NAME OF FILER
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)
12/04/04	Catherine Shattuck [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	150.00	150.00	
11/17/04	Sheldon Public Relations [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		150.00	150.00	
11/13/04	Cayce Sheppard [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	100.00	250.00	
11/17/04	Larry Slagle [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Manager Yellow Cab	150.00	400.00	
11/22/04	Kent Snyder [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Law offices of Kent Snyder	100.00	1,400.00	
			SUBTOTAL $	650.00		

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OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/29/04	Southland Development [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		300.00	300.00	
12/18/04	Spring Creek Invest [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		300.00	550.00	
11/16/04	Norbert St. John [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	
11/13/04	Miles Sterling [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	300.00	300.00	
11/21/04	Vicki Sutro [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	100.00	350.00	

SUBTOTAL $ 1,250.00

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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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

NAME OF FILER
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)
11/17/04	Thomas Seaman Co. [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		350.00	350.00	
11/18/04	Laura Thomson [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	250.00	250.00	
11/21/04	Tres Robles [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
11/17/04	Tuttles Carpet [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	
11/29/04	Tygor Construction [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	

SUBTOTAL $ 1,200.00

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OTH – Other
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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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/04
through 12/31/04

NAME OF FILER
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)
11/20/04	Virtual Estates [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	750.00	
12/14/04	Marilyn & Ben Wagner [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Self Employed	100.00	150.00	
11/16/04	Waters & Faubel [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	
11/18/04	Tracy Weintraub [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Apparel Mfg	250.00	350.00	
11/20/04	West Coast Arborists [redacted]	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	400.00	

SUBTOTAL $ 1,250.00

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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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

NAME OF FILER
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)
11/17/04	Committee to Re-Elect Tracy Worley ID#962960 [redacted]	☐IND ☒COM ☐OTH ☐PTY ☐SCC		100.00	100.00	
12/30/04	Aniko Sherry [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Prudential Realty	100.00	100.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 200.00

*Contributor Codes
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OTH – Other
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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 7/01/2004
through 12/31/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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] 92677 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel [redacted]	$300,000	$ 0	☐ PAID $ ____ ☐ FORGIVEN $ 0	$300,000 Indefinite DATE DUE	0 % RATE $ ____	$300,000 DATE INCURRED	CALENDAR YEAR $300,000 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 $ 0	$ 0		$300,000	$ 0 (Enter (e) on Schedule B, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (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 $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

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

Schedule E
Payments Made

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

Statement covers period from 7/1/04 through 12/31/04

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kelly Paper [redacted]	Ofc		314.89
US Postmaster [redacted]	Pos		2,200.21

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

SUBTOTAL $ 2,515.10

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 33,776.46
2. Unitemized payments made this period of under $100 ..... $ 293.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 34,069.84

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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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
Ford & Mollrich [redacted]	Cns			25,000.00
Sheri Schwabe [redacted]	Pro			200.00
Kenny the Printer [redacted]	Fnd			1,169.57
Kenny the Printer [redacted]	Fnd			956.64
Sater Secretarial Services [redacted]	Ofc			360.00

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

SUBTOTAL $ 27,686.21

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 7/1/04
through 12/31/04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Sater Secretarial Services [redacted]	Ofc		323.45
Kelly Paper [redacted]	Ofc		138.97
Sater Secretarial Services [redacted]	Ofc		136.60
Antonello's Restaurant [redacted]	Fnd		2,866.58
South County Printing [redacted]	Ofc		109.55

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

SUBTOTAL $ 3,575.15