COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 03/18/2006 through 05/20/2006

Date of election if applicable: (Month, Day, Year) 06/06/2006

FILED OC ROV JUN 22 '06 BY CA

Date Stamp

CALIFORNIA 2001/02 FORM **460**

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For Official Use Only

ORIGINAL

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
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

Corrections as noted

3. Committee Information

I.D. NUMBER 1261380

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

Cathryn De Young/DeYoung for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Catherine Madigan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Janis Rojas

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 6/19/06 (Date) By Catherine Madigan (Signature of Treasurer or Assistant Treasurer)

Executed on (Date) By Cathy Kelly (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)
County Supervisor
District Number: 5

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

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

CALIFORNIA FORM **460**

Statement covers period from 03/18/2006 through 05/20/2006

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I.D. NUMBER 1261380

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B [redacted] TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 31,229.05	$ 174,596.60
2. Loans Received	Schedule B, Line 3	800,000.00	1,900,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 831,229.05	$ 2074,596.60
4. Nonmonetary Contributions	Schedule C, Line 3	3,992.00	33,908.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 835,221.05	$ 2,108,504.60

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	$ 1,019,076.80	$ 2,011,542.19
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1,019,076.80	$ 2,011,542.19
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	3,992.00	33,908.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1,023,068.80	$ 2,045,450.19

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 18	$ 250,901.88
13. Cash Receipts	Column A, Line 3 above	831,229.05
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	1,019,076.80
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 63,054.13

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 1,900,000.00

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

* Total to date for entire campaign

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 03/18/2006
through 05/20/2006

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/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)
04/10/2006	AKM Consulting Eng.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		75.00	175.00	P 06 750.00
05/01/2006	AKM Consulting Eng.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	175.00	P 06 750.00
03/23/2006	Chris Alexander	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Sea West Properties	300.00	300.00	P 06 585.00
03/20/2006	Patricia Aston	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	400.00	P 06 1,000.00
04/18/2006	Patricia Aston	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	400.00	P 06 1,000.00
			SUBTOTAL $	875.00		

Schedule A Summary

1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 29,425.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,704.05
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 31,129.05

*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.)

CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

Page 5 of 43

NAME OF FILER
Cathryn De Young/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)
03/21/2006	Don Ayres, Jr	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Ayres Group	250.00	250.00	P 06 775.00
05/17/2006	Craig Barto	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Signal Hill Petroleum	1,000.00	1,000.00	P 06 1,250.00
03/27/2006	Gigi Barto	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	150.00	150.00	P 06 575.00
03/23/2006	Susan Bialek	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	250.00	250.00	P 06 1,450.00
05/08/2006	Dorine Birtcher	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	1,100.00	1,100.00	P 06 1,500.00
			SUBTOTAL $	2,750.00		

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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 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
1261380

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03/21/2006	Mrs. Nancy Bonner	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	200.00	200.00	P 06	200.00
04/17/2006	Daniel L. Brigham, Jr.	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CLU NML Insurance	100.00	100.00	P 06	200.00
05/01/2006	Kevin Brogan	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Hill, Farrer & Burrill	1,000.00	1,000.00	P 06	1,000.00
03/29/2006	Melody Burbank	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	200.00	300.00	P 06	1,300.00
04/19/2006	Melody Burbank	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	100.00	300.00	P 06	1,300.00
			SUBTOTAL $	1,600.00			

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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 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

NAME OF FILER
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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)
03/21/2006	Patty Canright	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	RN St. Margarets School	150.00	150.00	P 06 800.00
04/03/2006	Care Ambulance	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	350.00	P 06 750.00
05/01/2006	Care Ambulance	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	350.00	P 06 750.00
04/20/2006	Kenneth R. Carpenter	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President 4-Speed Delivery Svc.	100.00	100.00	P 06 100.00
03/27/2006	Cofiroute Global	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		75.00	150.00	P 06 550.00
			SUBTOTAL $	675.00		

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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 03/18/2006
through 05/20/2006

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04/19/2006	Cofiroute Global	☐IND ☐COM ☒OTH ☐PTY ☐SCC		75.00	150.00	P 06 550.00
04/20/2006	Chadley R. Covington	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Dev. CC&D Inc.	250.00	250.00	P 06 250.00
03/23/2006	Shauna Covington	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Prudential Realty	500.00	500.00	P 06 750.00
03/24/2006	CREPAC/BORPAC	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06 1,500.00
03/23/2006	Robert De Kruif	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	P 06 250.00
			SUBTOTAL $	2,575.00		

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SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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Statement covers period
from 03/18/2006
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I.D. NUMBER
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NAME OF FILER
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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)
04/20/2006	Joe DeComa	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Est. Dev. Self-Emp.	100.00	100.00	P 06 100.00
03/23/2006	Carol Demorest	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Est Sun Isle Realty	250.00	250.00	P 06 450.00
04/20/2006	Sandy DeYoung	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	500.00	500.00	P 06 500.00
04/20/2006	Jorge L. Duran	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Manager OCTA	100.00	100.00	P 06 100.00
03/21/2006	Mary Anne Turley Emett	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Freelance Artist Self emp.	1,000.00	1,000.00	P 06 1,500.00
			SUBTOTAL $	1,950.00		

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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.)

CALIFORNIA FORM **460**

Statement covers period
from 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/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)
04/20/2006	Empire Pacific, LLC	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	P 06 500.00
03/23/2006	Financial Planners & Investment Counsel Inc.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	250.00	P 06 250.00
04/24/2006	Financial Planners & Investment Counsel Inc.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	250.00	P 06 250.00
05/02/2006	Margaret Finger	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Auditor IRS	100.00	100.00	P 06 100.00
03/23/2006	Fitzgerald Jewelers	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	P 06 150.00
			SUBTOTAL $	1,000.00		

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SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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Statement covers period
from 03/18/2006
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CALIFORNIA FORM 460

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04/24/2006	Geo Syntec Consultants	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	P 06 475.00
04/11/2006	Helen Gomberg	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	350.00	P 06 950.00
05/01/2006	Helen Gomberg	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	350.00	P 06 950.00
04/20/2006	Michael Gottlieb	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Sr. VP George Smith Partners, Inc.	200.00	200.00	P 06 200.00
05/05/2006	Alice H. Grady	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	P 06 100.00
			SUBTOTAL $	800.00		

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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 03/18/2006
through 05/20/2006

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1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
04/20/2006	Greenlee Commercial	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	P 06 100.00
04/20/2006	Nita Guell	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	1,500.00	1,500.00	P 06 1,500.00
03/23/2006	Julie Hile	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Advertising Sls Superior Adv. Group	500.00	500.00	P 06 500.00
04/20/2006	Bradley Hillgren	☒IND ☐COM ☐OTH ☐PTY ☐SCC	CEO/Pres. Lowe Enterprises	250.00	250.00	P 06 250.00
03/23/2006	Sanford G. Hull	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Real Est. Realty Advisory Serv.	250.00	450.00	P 06 1,100.00
			SUBTOTAL $	2,600.00		

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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 03/18/2006
through 05/20/2006

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04/20/2006	Sanford G. Hull	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Est. Realty Advisory Serv.	200.00	450.00	P 06 1,100.00
04/20/2006	William H. Hustedt	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CPA Self Emp.	1,000.00	1,000.00	P 06 1,000.00
04/20/2006	Intracorp Los Angeles L.L.C.	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		200.00	200.00	P 06 200.00
04/20/2006	Robert M. Irish	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Est. Dev. Buie Stoddard Properties	100.00	100.00	P 06 100.00
04/20/2006	J.Conover, Inc	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	Comm Real Est - Faris Lee Investments	100.00	100.00	P 06 200.00
			SUBTOTAL $	1,600.00		

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SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

Page 14 of 43

I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
04/20/2006	Barbara Hiller Johnson	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Bridal Accessory Designs	500.00	500.00	P 06 500.00
05/01/2006	Jan Kerchner	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Educational Consultant The College Blueprint	250.00	250.00	P 06 650.00
04/19/2006	Patricia Kern	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	P 06 100.00
04/17/2006	Michele Langham	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	150.00	150.00	P 06 150.00
03/20/2006	Robert A. Lelito	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Laguna Dev.	250.00	250.00	P 06 250.00
			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.)

CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
05/01/2006	J. Christopher Lewis	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Partner Riordan, Lewis & Haden	100.00	100.00	P 06 350.00
03/21/2006	Diane Liljestrom	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	100.00	100.00	P 06 950.00
03/20/2006	Low & Archibald Real Estate Group	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	P 06 250.00
04/20/2006	Viviane J. Mann	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Housewife	100.00	100.00	P 06 100.00
04/19/2006	Master Plan Developments, Inc.	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1,500.00	1,500.00	P 06 1,500.00
			SUBTOTAL $	2,050.00		

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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.)

CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
05/01/2006	Michael Brandman Associates	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	P 06 100.00
05/01/2006	Rick Moen	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Moen Woodworks	250.00	250.00	P 06 600.00
04/20/2006	Robert Montgomery	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Planner Seacall Mgmt. Inc.	100.00	100.00	P 06 100.00
03/23/2006	A. Patrick Munoz	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Rutan & Tucker	250.00	250.00	P 06 250.00
03/31/2006	Sandy Norton	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	100.00	200.00	P 06 650.00
			SUBTOTAL $	800.00		

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SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
04/19/2006	Sandy Norton	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	100.00	200.00	P 06 650.00
04/20/2006	Marnie O'Brien	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Reg. Bus. Mgr. Caltrop	100.00	100.00	P 06 275.00
03/23/2006	Kenneth Oda	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Asset. Mgr. Crescent Capital Mgmt	500.00	500.00	P 06 500.00
03/23/2006	Park Gibbs Dev. Co. LLC	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	P 06 250.00
04/17/2006	Karen Parker	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	200.00	200.00	P 06 200.00
			SUBTOTAL $	1,150.00		

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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.)

CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
04/20/2006	Jed Pearson	[x] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	P 06 250.00
04/17/2006	Joe Potocki	[x] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		100.00	100.00	P 06 150.00
04/20/2006	Lucy Rawlins	[x] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	200.00	200.00	P 06 600.00
03/24/2006	Recupero & Associates Inc.	[ ] IND [ ] COM [x] OTH [ ] PTY [ ] SCC		250.00	250.00	P 06 250.00
04/20/2006	Craig Reinhardt	[x] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sales Hot Match	100.00	100.00	P 06 100.00
			SUBTOTAL $	750.00		

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SCHEDULE A (CONT.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

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I.D. NUMBER
1261380

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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)
03/29/2006	Lori Rudin	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	200.00	200.00	P 06 200.00
04/20/2006	Murray Rudin	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Finance Riordan, Lewis & Haden	100.00	100.00	P 06 100.00
05/19/2006	Ruland & Mattingley	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		200.00	200.00	P 06 1,000.00
04/24/2006	George Ron Salisbury	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner Restaurant Bs. Inc.	100.00	100.00	P 06 250.00
03/21/2006	Gail Smith	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	500.00	500.00	P 06 500.00
			SUBTOTAL $	1,100.00		

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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.)

CALIFORNIA FORM **460**

Statement covers period
from 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/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)
04/20/2006	Southland Dev. Co.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		200.00	200.00	P 06 1,500.00
03/23/2006	Norbert St. John	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00	500.00	P 06 750.00
03/23/2006	Richard C. Starratt, TTEE	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	150.00	P 06 150.00
03/27/2006	Mr. Peter Stephan	☒IND ☐COM ☐OTH ☐PTY ☐SCC	CEO The Pension Group Inc.	100.00	100.00	P 06 300.00
03/23/2006	Kristine Stoddard	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	1,500.00	1,500.00	P 06 1,500.00
			SUBTOTAL $	2,450.00		

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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.)

CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/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)	
04/24/2006	Keith Stowers	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Construction Tygor Const.	100.00	100.00	P 06	100.00
04/24/2006	Vicki Sutro	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	200.00	200.00	P 06	600.00
03/29/2006	Joseph Tavarez	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sr. Exec. VP First American Title Co.	250.00	250.00	P 06	250.00
03/24/2006	Kris Thagard	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Thagard & Reiss	1,000.00	1,100.00	P 06	1,350.00
04/20/2006	Kris Thagard	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Thagard & Reiss	100.00	1,100.00	P 06	1,350.00
			SUBTOTAL $	1,650.00			

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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 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
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03/23/2006	Donna Toubia	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	150.00	150.00	P 06 550.00
03/23/2006	Arlene Tsutsui	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	100.00	100.00	P 06 100.00
04/24/2006	Tygor Construction	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	100.00	P 06 350.00
03/23/2006	Victorson Family Trust - Patricia Victorson	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	P 06 750.00
05/05/2006	Daniel Walter	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sales Coast Material Sales	100.00	100.00	P 06 100.00
			SUBTOTAL$	700.00		

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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 03/18/2006
through 05/20/2006

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
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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)
04/20/2006	Richard J. Walter	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pres. Faris Lee Investments	100.00	100.00	P 06 100.00
05/19/2006	Kathleen A. Wedeking	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	250.00	250.00	P 06 250.00
03/20/2006	Hank Weeks	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	VP Andrews Pet.	500.00	500.00	P 06 500.00
04/24/2006	Donna Wertz	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker	250.00	400.00	P 06 1,300.00
04/20/2006	Greg Winterbottom	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	P 06 199.00
			SUBTOTAL $	1,200.00		

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Schedule B – Part 1
Loans Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

I.D. NUMBER
1261380

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

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 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel	$ 700,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 700,000.00 DATE DUE	% RATE $ 0.00	$ 700,000.00 06/30/2005 DATE INCURRED	CALENDAR YEAR $ 1,210,280.00 PER ELECTION** P06 1,933,348.00 $
Cathryn DeYoung †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel	$ 400,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 400,000.00 DATE DUE	% RATE $ 0.00	$ 400,000.00 02/26/2006 DATE INCURRED	CALENDAR YEAR $ 1,210,280.00 PER ELECTION** P06 1,933,348.00 $
Cathryn DeYoung †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel	$ 0.00	$ 300,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 300,000.00 DATE DUE	% RATE $ 0.00	$ 300,000.00 04/18/2006 DATE INCURRED	CALENDAR YEAR $ 1,210,280.00 PER ELECTION** P06 1,933,348.00 $
		SUBTOTALS $ 300,000.00	$ 0.00	$ 1,400,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 800,000.00
   (Total Column (b) plus unitemized loans of 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 $ 800,000.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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SCC – Small Contributor Committee

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

SCHEDULE B - PART 1

Schedule B – Part 1
Loans Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/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 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel	$ 0.00	$ 200,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 200,000.00 DATE DUE	% RATE $ 0.00	$ 200,000.00 05/03/2006 DATE INCURRED	CALENDAR YEAR $ 1,210,280.00 PER ELECTION** PDS 1,933,348.00 $
Cathryn DeYoung 31545 Sea Shadows Way Laguna Niguel, CA 92677 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council Member City of Laguna Niguel	$ 0.00	$ 300,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 300,000.00 DATE DUE	% RATE $ 0.00	$ 300,000.00 05/09/2006 DATE INCURRED	CALENDAR YEAR $ 1,210,280.00 PER ELECTION** PDS 1,933,348.00 $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 500,000.00		$ 0.00	$ 500,000.00	$ 0.00		

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

Schedule B Summary

1. Loans received this period ..... $ 800,000.00
   (Total Column (b) plus unitemized loans of 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 $ 800,000.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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** If required.

SCHEDULE C

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/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)
05/20/2006	Cathryn DeYoung	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	City Council Member City of Laguna Niguel	Office space/rent	3,992.00	1,210,280.00	P 06 1,933,348.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC					
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC					
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 3,992.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 3,992.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
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 $ 3,992.00

*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 E

Schedule E
Payments Made

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/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
Aliso Niguel News	PRT		700.00
Antonello Ristorante	FND		2,228.49
COGS South	CMP	Signs	5,329.52

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

SUBTOTAL $ 8,258.01

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,018,696.35
2. Unitemized payments made this period of under $100 ..... $ 380.45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 1,019,076.80

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER: 1261380

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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
California Club for Growth	LIT	Slate	4,000.00
Civic Research	POL		54,000.00
Cox Communications	WEB		1,131.42
DeSnoo & DeSnoo	OFC		95.16
DeSnoo & DeSnoo	CNS		5,000.00

SUBTOTAL $ 64,226.58

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

Schedule E (Continuation Sheet) Payments Made

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CALIFORNIA FORM 460

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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
El Niguel Country Club	FND		1,266.08
Family Faith & Freedom	LIT	Slate	7,890.60
Forde & Mollrich	CNS		25,000.00
Forde & Mollrich	LIT		662,996.62
Gary Burton, CPA	CNS		25,000.00

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SUBTOTAL $ 722,153.30

Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Golden Rain Foundation	MTG		345.00
Greenstripe Media	TEL		175,000.00
Impact Placements L.L.C.	CMP	Sign Placement	750.00
Jan Rojas	SAL		5,110.00
Jolanda's Catering	MTG	Breakfast	632.40

SUBTOTAL $ 181,837.40

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

Page 31 of 43

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER: 1261380

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Laguna Niguel Chamber of Commerce	MTG		125.00
MB Public Affairs Inc	CNS		3,500.00
Neon Design	CMP	Banners	758.13
New Majority	MTG	Sacramento	300.00
Niguel Copy & Mail	OFC		144.00

SUBTOTAL $ 4,827.13

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SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

Page 32 of 43

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER: 1261380

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
Non-Partisan Candidate Evaluation Council Inc.	LIT		5,000.00
Orange County Firefighters Voter Guide	LIT	Slate	10,000.00
Orange County League of Conservation Voters ID#1223961	MTG		1,000.00
Rutan & Tucker	PRO		6,109.10
SDGE	OFC	Check not cashed	-103.62

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SUBTOTAL $ 22,005.48

Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

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I.D. NUMBER: 1261380

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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
Sater Secretarial Service	OFC		217.35
Save Proposition 13		Slate refund	-2,500.00
Sprint	OFC		122.40
Staples	OFC		468.32
Trans Pacific Association	OFC		807.03

SUBTOTAL $ -884.90

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SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

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Statement covers period from 03/18/2006 through 05/20/2006

CALIFORNIA FORM 460

Page 34 of 43

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I.D. NUMBER: 1261380

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Trans Pacific Association	SAL		15,000.00
US Postmaster	POS		975.00
Verizon	OFC		298.35

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SUBTOTAL $ 16,273.35

SCHEDULE G

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

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

Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
1261380

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Forde & Mollrich

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bryant Communications	LIT			1,500.00
Bryant Communications	LIT			8,700.00
Cardinal Communications Strategies LLC	LIT			6,095.29
Chapman University	TEL			2,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 18,795.29

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

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

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

SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

Page 36 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
1261380

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Forde & Mollrich

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Creative Mailing & Marketing	LIT			81,564.11
Fovea Video Productions	TEL			6,287.38
Gods & Heroes	LIT			700.00
Gods & Heroes	LIT			500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 89,051.49

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SCHEDULE G

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

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Statement covers period
from 03/18/2006
through 05/20/2006

CALIFORNIA FORM 460

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NAME OF FILER
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I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jason Ellis Photography	LIT	Video	1,000.00
Juice	TEL		800.00
Kenny the Printer	LIT		1,563.08
Kenny the Printer	LIT		8,243.04

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 11,606.12

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

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SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

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NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenny the Printer	LIT		1,669.05
Kenny the Printer	LIT		8,491.41
Kenny the Printer	LIT		9,718.03
Kenny the Printer	LIT		4,153.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 24,032.29

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

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SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 03/18/2006
through 05/20/2006

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NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenny the Printer	LIT			118,816.11
Northlight LTD	TEL			15,202.86
Orange County Register	PRT			1,763.50
Pixel8Media	LIT			800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 136,582.47

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

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SCHEDULE G
CALIFORNIA FORM 460

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Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pixel8Media	LIT		5,200.00
Political Data	LIT		728.18
Political Data	LIT		691.19
Political Data	LIT		691.19

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 7,310.56

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

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

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

SCHEDULE G
CALIFORNIA FORM **460**

Statement covers period
from 03/18/2006
through 05/20/2006

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER
1261380

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Forde & Mollrich

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)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data	LIT		10,323.01
Robert Peterson	TEL		1,131.38
Sigma Data Services	LIT		500.00
Sigma Data Services	LIT		850.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 12,804.39

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SCHEDULE G
CALIFORNIA FORM 460

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Sigma Data Services	LIT		3,100.00
USPS-Long Beach	POS		45,914.19
USPS-Santa Ana	POS		702.30
USPS-Santa Ana	POS		11,936.61

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 61,653.10

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SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS-Santa Ana	POS		12,449.16
USPS-Santa Ana	POS		12,469.75
USPS-Santa Ana	POS		170,739.85

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 195,658.76

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