Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1-1-2002 through 1-19-2002

Date of election if applicable: (Month, Day, Year) 03-05-02

Date Stamp: FILED FEB 08 2002 REGISTRAR OF VOTERS By Deputy

COVER PAGE [redacted] Page ____ of ____

COPY

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

- ☐ 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
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☒ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

ADDED OCCUPATION & EMPLOYER INFORMATION

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Norby for Supervisor

I.D. NUMBER: 1237231

STREET ADDRESS AND NO. BOX: [redacted]

CITY: [redacted] 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: Michael DiCostanzo

MAILING ADDRESS: [redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY: [redacted]

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 02-07-02 (Date) By Michael DiCostanzo (Signature of Treasurer or Assistant Treasurer)

Executed on 02-07-02 (Date) By Chris Norby (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

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Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Norby

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

County Supervisor, Orange County District #4

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: Friends of Chris Norby

I.D. NUMBER: 831657

NAME OF TREASURER: Michael DiCostanzo

CONTROLLED COMMITTEE? ☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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

Attach continuation sheets if necessary

Schedule A
Monetary Contributions Received

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

SCHEDULE A
460

Statement covers period
from 01/01/2002
through 01/19/2002

Page 8 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Chris Norby for Supervisor

I.D. NUMBER: 1237231

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)
1/2/2002	Ms. Roberta Green Ahmanson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	AUTHOR/BUSINESSWOMAN	$1,000	$1,000	$1,000
1/9/2002	Mr. Michael Anderson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Phyician Self-Employed	$100	$100	$100
1/12/2002	Mrs. Patricia Aston [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$200
1/4/2002	Mr. Bernard Bailey [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50	$50	$100
1/17/2002	Mr. William Beck [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$100
			SUBTOTAL $	1,350	1,350	1,600

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 22,060
2. Amount received this period – unitemized contributions of less than $100 ..... $ 4,665
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 26,725

*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)

Statement covers period
from 01/01/2002
through 01/19/2002

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NAME OF FILER
Chris Norby for Supervisor

I.D. NUMBER
1237231

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)
1/10/2002	Mr. Jon Bell [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	info requested	$500	$500	$500
1/15/2002	Mr. Larry Bennet [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Speech Pathologist Ocean View School District	$50	$50	$100
1/4/2002	Mrs. Peggy Anne Beyer [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	A/R Gambro	$100	$100	$100
1/5/2002	Mr. Steve Bickel [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	District Attorney Orange County	$100	$100	$200
1/4/2002	Ms. June Lee Bigge [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$100
			SUBTOTAL $	850	850	1000

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT)

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Statement covers period
from 01/01/2002
through 01/19/2002

NAME OF FILER
Chris Norby for Supervisor

I.D. NUMBER
1237231

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)
1/8/2002	Mr. Robert Gillies [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$200
1/9/2002	Mrs. Kathleen Givens [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President R.E Wall & Associates	$100	$100	$350
1/2/2002	Mr. Peter Gosselin [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	~~info requested~~ V.P. Sales Ramco Dist.	$100	$100	$100
1/2/2002	Mrs. Barbara Gullo [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker	$100	$100	$100
1/2/2002	Mr. Emanuel Halpern [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pharmacist Sav-On Drug	$100	$100	$200
			SUBTOTAL $	500	500	950

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 01/01/2002
through 01/19/2002

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I.D. NUMBER 237231

NAME OF FILER
Chris Norby 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)
1/7/2002	Mr Howard Lewis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250	$250	$750
1/6/2002	Mr. Angel Lopez [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Machinist Capitol Machine	$50	$50	$100
1/4/2002	Mr. David MacDonald [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer R.W. Beck	$50	$50	$150
1/9/2002	Ms. Cheryl MacDonnld [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	~~Information~~ Retired	$50	$50	$200
1/3/2002	Mr. Richard Mackaig [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$200	$200	$700
			SUBTOTAL $	600	600	1900

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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 01/01/2002
through 01/19/2002

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NAME OF FILER
Chris Norby for Supervisor

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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)
1/8/2002	Mrs. Lisa Rich [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Arbitrator Self-Employed	$50	$50	$100
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
1/10/2002	Mr. Herbert Rikelman [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Realtor	$100	$100	$100
1/10/2002	Mr. Charles Ritter [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50	$50	$150
1/12/2002	Mr. Frederick Sainick [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Sainick & Cote	$50	$50	$150
			SUBTOTAL $	250	250	500

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT)

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from 01/01/2002
through 01/19/2002

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1/9/2002	Mr. Edward Schlatter [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Knobbs & Masters	$100	$100	$100
1/17/2002	Mr. & Mrs. Lewis & Judith Schmid [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Schmid Development Company	$1,000	$1,000	$1,000
1/17/2002	Mr. Jason Schmid [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Restaurant Owner, Self-Employed	$1,000	$1,000	$1,000
1/5/2002	Mr. Terrence Schuhrke [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Self-Employed	$150	$150	$150
1/7/2002	Mr. Jack Screeton [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	info requested	$500	$500	$500
			SUBTOTAL $	~~[illegible]~~ 2,750	~~[illegible]~~ 2,750	2,750

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT)

Statement covers period
from 01/01/2002
through 01/19/2002

[redacted]

NAME OF FILER
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1/3/2002	Ms. Rosalind Williams [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50	$50	$150
1/15/2002	Mrs. Carolyn Wilson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrative Assistant Verizon Wireless	$50	$50	$250
1/14/2002	Mr. Richard Wilson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$100
1/4/2002	Mrs. Annie Yong [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Exporter Self-Employed	$200	$200	$200
1/5/2002	Mrs. Diane Zarins [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	$200	$200	$400

SUBTOTAL $ 600 [redacted]

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