Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460 FORM

Date Stamp

FILE COPY

JAN 3 1 2005

REGISTRAR OF VOTERS By Deputy

Page 1 of 19

(For Official Use Only)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2004 through 12/31/2004

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

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 1237231

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

Norby for Supervisor

STREET ADDRESS (NO P.O. BOX)

[redacted]

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

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

Betty Presley

MAILING ADDRESS

[redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1-19-05 (Date) By Betty Presley (Signature of Treasurer or Assistant Treasurer)

Executed on 01-25-05 (Date) By X 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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Norby

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board of Supervisors
County of Orange

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

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

I.D. NUMBER
1237231

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 14,568.00	$ 77,263.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 14,568.00	$ 77,263.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 14,568.00	$ 77,263.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 16,077.06	$ 29,902.77
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 16,077.06	$ 29,902.77
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	$ 16,077.06	$ 29,902.77

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 116,104.28
13. Cash Receipts	Column A, Line 3 above	14,568.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	50.00
15. Cash Payments	Column A, Line 8 above	16,077.06
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 114,645.22

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 — $ 0.00

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).

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	$ 62,695.00	$ 14,568.00
21. Expenditures Made	$ 13,825.71	$ 16,077.06

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 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
08/10/2004	Carmen Morinello [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Carmen A. Morinello	1,000.00	1,000.00	P 06 1,249.00
08/25/2004	California Real Estate PAC- CREPAC/BORPAC (#890106) [redacted]	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	P 06 1,000.00
08/25/2004	Lynn Capouya [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Lynn Capouya, Inc.	200.00	200.00	P 06 450.00
08/25/2004	Carpenter & Company [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 250.00
08/25/2004	Clear Channel Worldwide [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 250.00

SUBTOTAL $ 2,700.00 [redacted]

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 11,598.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 2,970.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 14,568.00

*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

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
08/25/2004	Cofiroute Global Mobility, LLC [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 500.00
08/25/2004	William Jr Ferguson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant The Ferguson Group	250.00	250.00	P 06 250.00
08/25/2004	William W Hanka [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner The Ferguson Group	250.00	250.00	P 06 250.00
08/25/2004	Richard N Lyons [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Syska-Hennessy	250.00	250.00	P 06 250.00
08/25/2004	Manufactured Housing Education PAC - MHET PAC (#820165) [redacted]	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	P 06 750.00
08/25/2004	Mr. James McConnell [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Self-Employed	249.00	249.00	P 06 1,249.00
			SUBTOTAL $	1,749.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

Page 6 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
08/25/2004	Mr. Thomas Peters [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager CH2MHill	250.00	250.00	P 06 1,250.00
08/25/2004	Sempra Energy [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 1,400.00
08/25/2004	Ruben Zuniga [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Project Manager US Internet Working	250.00	250.00	P 06 250.00
10/20/2004	Mr. John B. Bush Jr. [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00	100.00	P 06 150.00
10/20/2004	Mr. James Davy [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Davy & Associates	100.00	100.00	P 06 100.00
10/20/2004	Edco Disposal Corporation [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,151.00	1,151.00	P 06 1,400.00
			SUBTOTAL $	2,101.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
10/20/2004	Mr. Joseph Farina [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	100.00	100.00	P 06 125.00
10/20/2004	Mr. Robert Ferguson [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Independent Analyst Robert Ferguson	200.00	200.00	P 06 300.00
10/20/2004	Mr. Robert Gillies [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	100.00	100.00	P 06 100.00
10/20/2004	Laurie M. Griffin [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Contracts Administrator A.R.B.	100.00	100.00	P 06 100.00
10/20/2004	Mr. Emanuel Halpern [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pharmacist Sav-On Drug	100.00	100.00	P 06 100.00
10/20/2004	Mr. Al Meisel [redacted] [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	200.00	200.00	P 06 300.00
			SUBTOTAL $	800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
From 07/01/2004
through 12/31/2004

Page 8 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nordy 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)
10/20/2004	Mark W. Miller [redacted] [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrician Westminster School District	100.00	100.00	P 06 100.00
10/20/2004	Mr. Lonnie Moskow [redacted] [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician SC Orthopaedic Specialists	100.00	100.00	P 06 200.00
10/20/2004	Mrs. Roberta Muhleman [redacted] [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Systems Analyst Lockheed Martin	100.00	100.00	P 06 100.00
10/20/2004	Mullen & Associates, Inc. [redacted] [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		350.00	0.00	P 06 350.00
10/20/2004	Mr. Kenneth Petersen [redacted] [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President 1st American Trust	100.00	100.00	P 06 100.00
10/20/2004	Ralph Allen & Partners, Architects [redacted] [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		350.00	350.00	P 06 350.00
			SUBTOTAL $	1,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
10/20/2004	Mr. C.G. Russell [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00	100.00	P 06 100.00
10/20/2004	Mr. John Santell [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Consultant Self-Employed	200.00	200.00	P 06 300.00
10/20/2004	Vintage Marina [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 250.00
10/20/2004	Mr. Gerald Walker [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00	100.00	P 06 200.00
10/20/2004	Dorothy Yocca [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	250.00	250.00	P 06 850.00
10/29/2004	Brent B. Danninger [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100.00	100.00	P 06 100.00
			SUBTOTAL $	1,000.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
10/29/2004	Susan Goldberg [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	100.00	100.00	P 06 100.00
10/29/2004	Mr. James Mullen [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Orthopedic Surgeon Dr. James Mullen	100.00	100.00	P 06 100.00 P 02 1,000.00
10/29/2004	Mullen & Associates, Inc. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		-350.00	0.00	G 04 -350.00 P 06 350.00
10/29/2004	Mr. Dean Stephan [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	500.00	500.00	P 06 750.00 P 02 1,000.00
12/10/2004	Mr. Daniel Hile [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marketing Director Pacific Shore Funding	500.00	500.00	P 06 1,000.00 P 02 1,000.00
12/16/2004	Carter Burgess Co [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		249.00	249.00	P 06 249.00 P 02 500.00

SUBTOTAL $ 1,099.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
12/16/2004	James Dehaan [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer James Dehaan	100.00	100.00	P 06 100.00
12/16/2004	Mrs. Carrie James [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker None	100.00	100.00	P 06 100.00
12/16/2004	Lea + Elliott [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		249.00	249.00	P 06 249.00
12/16/2004	Mrs. Betty Schoenberg [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	50.00	200.00	P 06 300.00
12/16/2004	Mrs. Betty Schoenberg [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired None	50.00	200.00	P 06 300.00
12/16/2004	Snelling Personnel Services [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	0.00	P 06 0.00
			SUBTOTAL $	799.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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)
12/16/2004	Sunset Enterprises Trust [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 250.00
12/30/2004	A.J. Calor, Inc. [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	P 06 250.00
12/31/2004	Snelling Personnel Services [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		-250.00	0.00	P 06 0.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	250.00		

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

I.D. NUMBER
1237231

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
US Postmaster [redacted]	POS		74.00
Betty Presley & Associates, Inc. [redacted]	PRO		800.00
Lewis Consulting Group [redacted]	FND		6,000.00

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

SUBTOTAL $ 6,874.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 15,745.58
2. Unitemized payments made this period of under $100 ..... $ 331.48
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 $ 16,077.06

Schedule E (Continuation Sheet)
Payments Made

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

Statement covers period
from 07/01/2004
through 12/31/2004

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Morby for Supervisor

I.D. NUMBER
1237231

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
Betty Presley & Associates, Inc. [redacted]	PRO		800.00
Federal Express [redacted]	POS		47.00
ImagePro [redacted]	CMP		377.13
US Postmaster [redacted]	LIT		1,990.00
Mayor's Prayer Breakfast [redacted]	MTG		250.00

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

SUBTOTAL $ 3,464.13

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

Page 15 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

I.D. NUMBER
1237231

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
Buena Park Chamber of Commerce [redacted]	MTG		160.00
La Habra High School 50th Celebration [redacted]	CVC		100.00
Mrs. Pamela Wollkamper [redacted]	MTG		30.00
Anaheim Chamber of Commerce [redacted]	MTG		75.00
Betty Presley & Associates, Inc. [redacted]	PRO		1,600.00

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

SUBTOTAL $ 1,965.00

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Morby for Supervisor

I.D. NUMBER
1237231

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
Buena Park Chamber of Commerce [redacted]	MTG		25.00
Buena Park Mayor's Breakfast [redacted]	MTG		100.00
Imperial Ballroom [redacted]	MTG		100.00
Mrs. Pamela Hollkamper [redacted]	OFC		62.80
Betty Presley & Associates, Inc. [redacted]	PRO		1,600.00

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

SUBTOTAL $ 1,887.80

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

Page 17 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

I.D. NUMBER
1237231

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
Deluxe Check Printing Inc. [redacted]	OFC		107.15
Fullerton Chamber of Commerce [redacted]	MTG		280.00
Mr. Chris Norby [redacted]	OFC	See Schedule G	1,167.50

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

SUBTOTAL $ 1,554.65

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

Statement covers period
from 07/01/2004
through 12/31/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

I.D. NUMBER
1237231

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Mr. Chris Norby

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)

*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
Kinko's Copy Center [redacted]	LIT		129.30
Hi-Tech One Hour Photo [redacted]	LIT		538.75
US Postmaster [redacted]	LIT		230.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 898.05

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 I
Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

Page 19 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norby for Supervisor

I.D. NUMBER
1237231

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 0.00
2. Unitemized increases to cash under $100 this period. ..... $ 50.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 50.00