

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 _____ | CALIFORNIA FORM 460 |
| through _____ | |
| 69 / 69 | |
| NAME OF FILER Re-Elect Supervisor Don Knabe | |
| ID NUMBER 1251077 | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR Waldo Arballo | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Supervisor Don Knabe

ID NUMBER
1251077

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Waldo Arballo

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, email) |

* 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 LD NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Check Works [REDACTED] [REDACTED] | OFC | | Check Printing | 286.66 |
| ID: | | | | |
| ID | | | | |
| ID: | | | | |
| ID | | | | |
| ID | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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.