

**Schedule C  
Non-Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/18/2004</u>	<b>Page <u>6</u> of <u>8</u></b>
through <u>02/14/2004</u>	
I.D. NUMBER 1261031	

NAME OF FILER Denise B. Moehlman, DENISE FOR D.A.

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	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/19/2004	Denise B. Moehlman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate	Website Fee	108.00	808.00 Includes Monetary Contribution(s)	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>SUBTOTAL \$</b>					108.00		

**Non-Monetary Contributions Summary**

1. Amount received this period - non-monetary contributions of \$100 or more. (Include all Schedule C subtotals.) .....	\$	<u>108.00</u>
2. Amount received this period - non-monetary contributions of less than \$100. (Do not itemize.) .....	\$	<u>0.00</u>
3. Total non-monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) .....	<b>TOTAL \$</b>	<u>108.00</u>