

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
15 / 21	
I.D. NUMBER 1222010	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Assessor Rick Auerbach's Officeholder Account

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/spons
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)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express ID:			Credit Card Payment	71.70
American Express ID:	OFC			168.66
Bill Scott & Associates, Inc. ID:	LIT			715.52

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.).....	\$	<u>14873.75</u>
2. Unitemized payments made this period of under \$100.....	\$	<u>10.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	<u>14883.75</u>

**Schedule E
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SCHEDULE E

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
16 / 21	
I.D. NUMBER 1222010	

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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
Bob Moretti Memorial Scholarship Foundation ID:	CVC		600.00
California Bank & Trust ID:	OFC		211.90
Diamond Bar Friends of the Library ID:	CVC		100.00

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SUBTOTAL \$

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4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

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	17 / 21
	I.D. NUMBER 1222010

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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
Mt. SAC Foundation ID:	CVC		100.00
National Multiple Sclerosis Society, OR Chapter ID:	CVC		100.00
S.W. Voter Registration Education Project ID:	CVC		800.00

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18 / 21	
I.D. NUMBER	
1222010	

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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
SBC ID:	OFC		115.46
Southern CA First Jurisdiction ID:	PRT		500.00
The Bruin Democrats ID: 782082	CTB		250.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The George Harvey Liver Research Fund ID:	CVC		500.00
United Farm Workers U.F.W. ID:	CVC		250.00
Villa Esperanza Services ID:	CVC		650.00

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SCHEDULE E

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	20 / 21
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- | | | |
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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
American Express ID:		Credit Card Payment	9740.51
Hollywood Bowl ID:	FND		info[9508.00]
Pacific Dining Car ID:	MTG		info[142.67]

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SUBTOTAL \$ 14873.75

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3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____