

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>7/1/05</u> through <u>12/31/05</u>	CALIFORNIA FORM 460
	13 / 24
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/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)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express ID:	OFC			140.00
Bill Scott & Associates, Inc. ID:	LIT			2247.71
Brian Rix & Associates ID:	FND			789.38

* 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>56634.45</u>
2. Unitemized payments made this period of under \$100.	\$	<u>70.00</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>56704.45</u>

**Schedule E
Payments Made**

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Statement covers period from <u>7/1/05</u> through <u>12/31/05</u>	CALIFORNIA FORM 460
	14 / 24
NAME OF FILER Assessor Rick Auerbach's Officeholder Account	I.D. NUMBER 1222010

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NAME OF FILER
Assessor Rick Auerbach's Officeholder Account

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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
Brian Rix & Associates ID:	POS		250.50
Brian Rix & Associates ID:	CNS		4000.00
California Bank & Trust ID:	OFC		225.15

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

SUBTOTAL \$

Schedule E Summary

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2. Unitemized payments made this period of under \$100. \$ _____
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 \$** _____

**Schedule E
Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	7/1/05	
through	12/31/05	15 / 24
NAME OF FILER		I.D. NUMBER
Assessor Rick Auerbach's Officeholder Account		1222010

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Assessor Rick Auerbach's Officeholder Account

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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
Concrete Jungle ID:	OFC			189.84
CSULA Alumni Assocation ID:	PRT			550.00
Edward R. Roybal Foundation ID:	CVC			500.00

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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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Payments Made**

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to whole dollars.

Statement covers period from <u>7/1/05</u>	CALIFORNIA FORM 460
through <u>12/31/05</u>	
16 / 24	
I.D. NUMBER 1222010	

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Assessor Rick Auerbach's Officeholder Account

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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
New Frontier Democratic Club ID: 981728	CTB			300.00
Nordbak's ID:	CMP			2085.46
SBC ID:	OFC			99.27

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

SUBTOTAL \$

Schedule E Summary

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**Schedule E
Payments Made**

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to whole dollars.

Statement covers period from <u>7/1/05</u> through <u>12/31/05</u>	CALIFORNIA FORM 460
	17 / 24
NAME OF FILER Assessor Rick Auerbach's Officeholder Account	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
Sheriff's Youth Foundation ID:	CVC		1000.00
SRAR Foundation, Inc. ID:	CVC		500.00
The Jewish Journal of Greater LA ID:	PRT		640.00

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**Schedule E
Payments Made**

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SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	7/1/05	
through	12/31/05	18 / 24
NAME OF FILER		I.D. NUMBER
Assessor Rick Auerbach's Officeholder Account		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
Tierra del Sol Foundation ID:	CVC			300.00
Gary Townsend ID:	FND			660.00
US Post Office ID:	POS			259.00

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Statement covers period		CALIFORNIA FORM 460
from	<u>7/1/05</u>	
through	<u>12/31/05</u>	19 / 24
NAME OF FILER		I.D. NUMBER
Assessor Rick Auerbach's Officeholder Account		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
William C. Velasquez Inst. ID:	CVC			500.00
American Express ID:			Credit Card Payment	21179.14
Hilton Los Angeles/San Gabriel ID:	FND			info[2638.05]

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Statement covers period from <u>7/1/05</u>	CALIFORNIA FORM 460
through <u>12/31/05</u>	
20 / 24	
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
Patina Caterino Group ID:	FND			info[14795.61]
Rancho Los Amigos Foundation ID:	CVC			info[2500.00]
Wine of the Month Club ID:	FND			info[1245.48]

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- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- 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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Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>7/1/05</u>		
through <u>12/31/05</u>		21 / 24
NAME OF FILER		I.D. NUMBER
Assessor Rick Auerbach's Officeholder Account		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
Cardmember Service ID:			Credit Card Payment	20219.00
Hollywood Bowl ID:	FND			info[20219.00]

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SUBTOTAL \$ 56634.45

Schedule E Summary

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