

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1/1/06</u> through <u>3/17/06</u>	CALIFORNIA FORM 460
	15 / 22
I.D. NUMBER 1279717	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

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
Sheila McNichols ID:	CNS		500.00
Sheila McNichols ID:	FND		664.40
Sheila McNichols ID:		Reimbursement: misc. receipts	1842.07

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

SUBTOTAL \$ 3006.47

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>12657.82</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>12667.82</u>

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SCHEDULE E

Statement covers period from <u>1/1/06</u> through <u>3/17/06</u>		CALIFORNIA FORM 460
NAME OF FILER Friends of Don Meredith		I.D. NUMBER 1279717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

I.D. NUMBER

1279717

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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
U.S. Postal Service ID:	POS		Memo: 156.00
Fairmont Hotel ID:	TRC	CRP Convention 2/24- 25 Room/board	Memo: 203.04
U.S. Postal Service ID:	POS		Memo: 390.00

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

SUBTOTAL \$ 0

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
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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SCHEDULE E

Statement covers period from <u>1/1/06</u>	CALIFORNIA FORM 460
through <u>3/17/06</u>	
17 / 22	
I.D. NUMBER 1279717	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Don Meredith

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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
Downtown Lincoln Club ID:	MTG			Memo: 100.00
Sheila McNichols ID:	CNS			500.00
Sheila McNichols ID:			Reimbursement: misc. receipts	1364.62

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

SUBTOTAL \$ 1864.62

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
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Schedule E Payments Made

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SCHEDULE E

Statement covers period from <u>1/1/06</u> through <u>3/17/06</u>	CALIFORNIA FORM 460
	18 / 22
	I.D. NUMBER 1279717

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NAME OF FILER

Friends of Don Meredith

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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
Center for Elder Care, Inc. ID:	LIT			Memo: 800.00
Sheila McNichols ID:			Reimbursement: misc. receipts	478.10
U.S. Postal Service ID:	POS			Memo: 111.00

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

SUBTOTAL \$ 478.10

Schedule E Summary

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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 \$** _____

**Schedule E
Payments Made**

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Statement covers period from <u>1/1/06</u> through <u>3/17/06</u>	CALIFORNIA FORM 460
	19 / 22
	I.D. NUMBER 1279717

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Don Meredith

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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
Sheila McNichols ID:	FND		1899.60
Buck & Ballot Brigade ID: 972013		Membership	150.00
Eric H. Ramos and Associates ID:	WEB		175.00

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

SUBTOTAL \$ 2224.60

Schedule E Summary

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Statement covers period from <u>1/1/06</u> through <u>3/17/06</u>	CALIFORNIA FORM 460
	20 / 22
	I.D. NUMBER 1279717

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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
Eric H. Ramos and Associates ID:	WEB			175.00
Greene & Associates ID:	PRO			892.50
L.A. County Registrar ID:	FIL			2391.53

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SUBTOTAL \$ 3459.03

Schedule E Summary

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- 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**

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	11/06	
through	3/17/06	21 / 22
NAME OF FILER		I.D. NUMBER
Friends of Don Meredith		1279717

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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
Los Angeles County Lincoln Club ID: 801945		Membership	250.00
Ran Graphics ID:	LIT		1375.00

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SUBTOTAL \$ 1625.⁰⁰

Schedule E Summary

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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 \$** _____