Schedule G			
Payments Ma	ade by an Ag	ent or Ind	ependent
Contractor (c	n Behalf of	This Comr	nittee)

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

Statement covers period 06 from

CALIFORNIA FORM

SCHEDULE G

2Ò 39 / 43 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Masse for Sheriff 1273146 NAME OF AGENT OR INDEPENDENT CONTRACTOR

Citi Cards

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations TEL TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponso independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND PRO professional services (legal, accounting) VOT voter registration LEG legal defense PRT print ads WEB information technology costs (internet, email) campaign literature and mailings

* 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 I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
US Post Office	ID:	POS		183.55	
Verizon Wireless	ID:	OFC	· · · · · · · · · · · · · · · · · · ·	486.99	
Valerie Elizabeth & Associates	ID:	CNS		6286.12	
SoCalBratt Designs	ID:	СМР		206.2	
Verizon Wireless	ID:	OFC		495.8	

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.

Sćhedule 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.

St	ateme	pt covers	period	CALIE
from .	3	10	06	CALIF
				<u></u>
		$\equiv 1$	$\sim l \sim r$	

FORM 460

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE	through 5/20/06	40 / 43
NAME OF FILER Masse for Sheriff		I.D. NUMBER
		1273146
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
awa .		

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

Citi Cards

8 T.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PRT print ads

CMP campaign paraphemalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

MBR

MTG

OFC

OFC

PET

C1B contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

LIT campaign literature and mailings

MBR member communications

RAD radio airtime and production costs

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the sam

TSF transfer between committees of the same candidate/sponsor VOT voter registration

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 CR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ultra Dot Media	ID:	TEL		1224.31
Jim Bob Womack	ID:	WEB		580.50
Complete Campaigns	ID:	СМР		650.00
Misc. Expenses Under \$100 Threshold	ID:	СМР		231.5
Valerie Elizabeth & Associates	ID:	CNS		3510.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 6190.36

^{*} 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.

Schedule G	
Payments N	lade by an Agent or Independent
Contractor ((on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

from 3 18 06

FORM 460

SCHEDULE G

41/43

I.D. NUMBER

127314<u>6</u>

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Citi Cards

NAME OF FILER

Masse for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS campaign consultants

MTG meetings and appearances

OFC office expenses

RFD returned contributions

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

FND independent expenditure supporting/opposing others (explain)*

FND polling and survey research

FND independent expenditure supporting/opposing others (explain)*

FND polling and survey research

FNS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponso

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	CODE OR DESCRIPTION OF PAYMENT		
Complete Campaigns	ID:	СТВ	Monetary Contribution:		650.00
Jim Bob Womack	ID:	WEB		<u>.</u>	255.51
Misc. Expenses Under \$100 Threshold	ID:	CMP		÷	219.35
Toll Free Zone	ID:	OFC			344.4
<u>.</u>	ID:				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1409 24

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.