

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	<u>5/21/04</u>	
through	<u>4/30/06</u>	17 / 29
NAME OF FILER		I.D. NUMBER
Masse for Sheriff		1273146

SEE INSTRUCTIONS ON REVERSE

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
Luther Trotter ID:	TRS		Mileage	102.35
Armijo Newspapers ID:	PRT			2500.00
Luther Trotter ID:	SAL			840.00

* 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>26427.39</u>
2. Unitemized payments made this period of under \$100.	\$	<u>119.18</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>26546.57</u>

**Schedule E
Payments Made**

Type or print in ink.
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to whole dollars.

Statement covers period
from 5/21/06
through 6/30/06

SCHEDULE E

**CALIFORNIA
FORM 460**

18 / 29

I.D. NUMBER
1273146

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Masse for Sheriff

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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
Luther Trotter ID:	SAL		975.00
Valerie Elizabeth & Associates ID:	CNS		1264.00
Valerie Elizabeth & Associates ID:	CNS		2750.00

* 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.) \$ _____
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 from <u>5/21/06</u>	CALIFORNIA FORM 460
through <u>6/30/06</u>	
19 / 29	
I.D. NUMBER 1273146	

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NAME OF FILER

Masse for Sheriff

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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
G2 Media Designs ID:	WEB			3000.00
The KAL Group ID:	PRO			951.59
Luther Trotter ID:	TRS		Mileage	47.50

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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		CALIFORNIA FORM 460
from	5/21/04	
through	4/30/06	20 / 29
NAME OF FILER		I.D. NUMBER
Masse for Sheriff		1273146

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NAME OF FILER
Masse for Sheriff

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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
Requested ID:				500.00
Luther Trotter ID:	CNS			1365.00
Luther Trotter ID:	TRS		Mileage	103.69

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**Schedule E
Payments Made**

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SCHEDULE E

Statement covers period from <u>5/21/06</u> through <u>4/30/06</u>	CALIFORNIA FORM 460
	21 / 29
I.D. NUMBER 1273146	

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NAME OF FILER

Masse for Sheriff

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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
Office Depot ID:	OFC		122.41
Anitra Joiner ID:	CNS		450.00
Don N. Tenney Company ID:	CMP		4082.11

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SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	5/21/04	
through	4/30/06	22 / 29
NAME OF FILER		I.D. NUMBER
Masse for Sheriff		1273146

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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
Valerie Elizabeth & Associates ID:	CMP			500.00
Luther Trotter ID:	TRS		Mileage	103.24
Sign Depot, Inc. ID:	CMP			373.37

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Statement covers period
from 5/21/04
through 4/30/04

SCHEDULE E

CALIFORNIA FORM 460

23 / 29

I.D. NUMBER
1273146

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Masse for Sheriff

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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
NATHSONS HOSPITALITY, INC. ID:	CMP			677.13
Citi Cards ID:				5000.00
Timmons Wood Products ID:	CMP			720.00

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SUBTOTAL \$ 26427.39

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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 \$** _____