

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 29 of 33
I.D. NUMBER		1274441

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF SHERIFF LEE BACA

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>FET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EAST WEST PLAYERS	CVC		1,250.00
FATANEH GHASSEMIEH		CONTRIBUTION REFUND	1,000.00
GOODWIN SIMON VICTORIA RESEARCH	POL		20,000.00
LA OPINION	PRT		315.00
LOS ANGELES COUNTY REGISTRAR-RECORDER	FIL		2,496.03

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

**SUBTOTAL \$** 25,061.03

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page <u>30</u> of <u>33</u>
NAME OF FILER		I.D. NUMBER
FRIENDS OF SHERIFF LEE BACA		1274441

SEE INSTRUCTIONS ON REVERSE  
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OMNI LOS ANGELES HOTEL	FND			5,068.11
OMNI LOS ANGELES HOTEL	FND			970.89
U.S. POSTMASTER	POS			1,365.00
VOTER INFORMATION GUIDE P'06 (#593003)	LIT			10,000.00
WESTWOOD FINANCIAL INSURANCE AGENCY, INC.			CONTRIBUTION REFUND	1,000.00

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**SUBTOTAL \$** 18,404.00