Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink

COPY

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp

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CITY CLERK'S OFFICE
CITY OF BENICIA

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2007
through 11/06/2007

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- ☒ General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☒ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1301988

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

California Citizens for Excellence in Government

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Mr. Mike Bonnifield

MAILING ADDRESS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the under penalty of perjury under the laws of the State of California that the foregoing is true nd in the attached schedules is true and complete. I certify

Executed on 11/07/2007 (Date) By ___ rer

Executed on ___ (Date) By ___ or Responsible Officer of Sponsor

Executed on ___ (Date) By ___ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ___ (Date) By ___ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2007
through 11/06/2007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 14,700.00	$ 14,700.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 14,700.00	$ 14,700.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 14,700.00	$ 14,700.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6,799.55	$ 6,799.55
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,799.55	$ 6,799.55
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	13,204.39	13,204.39
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 20,003.94	$ 20,003.94

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	14,700.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	6,799.55
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 7,900.45

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 13,204.39

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2007
through 11/06/2007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2007	Sonnikson and Stordahl Construction, Inc. 4858 Sunrise Drive Martinez, CA 94553	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,500.00	2,500.00	
10/23/2007	PetroChem 110 Corporate Place Vallejo, CA 94590	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,400.00	2,400.00	
10/23/2007	UCI Construction, Inc. P. O. Box 5547 Concord, CA 94524	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,500.00	2,500.00	
10/30/2007	JV Industrial Companies, LTD 2221 Sens Road La Porte, TX 77571	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,400.00	2,400.00	
11/01/2007	Benicia Fabrication & Machine, Inc. 101 E. Channel Road Benicia, CA 94510-1155	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,400.00	2,400.00	
			SUBTOTAL $	12,200.00		

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 14,700.00
2. Amount received this period -unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 14,700.00

*Contributor Codes
IND -Individual
COM -Recipient Committee (other than PTY or SCC)
OTH -Other (e.g., business entity)
PTY -Political Party
SCC -Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2007
through 11/06/2007

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/02/2007	Aspen Timco Inc. 4650 East Second Street, Suite E Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,500.00	2,500.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	2,500.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2007
through 11/06/2007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2007	Arnold Schwarzenegger Governor Statewide [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		100.00	100.00	
10/29/2007	William (Bill) Whitney Mayor City of Benicia [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	IE for Mailing: Printing, Design, Data Processing, Consulting & Postage	6,572.78	19,903.94	
10/30/2007	William (Bill) Whitney Mayor City of Benicia [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	IE for Mailing: Printing, Design, Data Processing, Consulting & Postage	6,699.55	19,903.94	
			SUBTOTAL $	13,372.33		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 20,003.94
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL $** 20,003.94

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2007
through 11/06/2007

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2007	William (Bill) Whitney Mayor City of Benicia [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	IE for Mailing: Printing, Design, Data Processing, Consulting & Postage	6,631.61	19,903.94	
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
				SUBTOTAL $ 6,631.61		

Schedule E
Payments Made

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

Statement covers period
from 01/01/2007
through 11/06/2007

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Californians for Schwarzenegger (#1261585) 909 North Sepulveda Blvd. #960 El Segundo, CA 90245	CTB		100.00
McNally Temple & Associates, Inc. 1817 Capitol Avenue Sacramento, CA 95814	LIT		6,699.55

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

SUBTOTAL $ 6,799.55

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,799.55
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6) ..... **TOTAL $** 6,799.55

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2007
through 11/06/2007

CALIFORNIA FORM 460

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NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

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, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
McNally Temple & Associates, Inc. 1817 Capitol Avenue Sacramento, CA 95814	LIT	0.00	6,572.78	0.00	6,572.78
McNally Temple & Associates, Inc. 1817 Capitol Avenue Sacramento, CA 95814	LIT	0.00	6,631.61	0.00	6,631.61
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	0.00 $	13,204.39 $	0.00 $	13,204.39

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 13,204.39
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 13,204.39 (May be a negative number)

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

Type or print in ink.
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SCHEDULE G
CALIFORNIA FORM 460

Statement covers period
from 01/01/2007
through 11/06/2007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

NAME OF AGENT OR INDEPENDENT CONTRACTOR
McNally Temple & Associates, Inc.

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, e-mail)

*** 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
Fruitridge Printing & Lithograph, Inc. 3258 Stockton Blvd. Sacramento CA 95820	LIT	Printing	1,741.22
Metro Mailing Service, Inc. 4251 Gateway Park Blvd. Sacramento CA 95820	LIT	Mailhouse services	470.60
Metro Mailing Service, Inc. 4251 Gateway Park Blvd. Sacramento CA 95820	POS	Postage	1,580.00
Political Data, Inc. P. O. Box 1706 Burbank CA 91507	LIT	Data File	214.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 4,005.94

** 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 Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA FORM **460**

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from 01/01/2007
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NAME OF FILER
California Citizens for Excellence in Government

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1301988

NAME OF AGENT OR INDEPENDENT CONTRACTOR
McNally Temple & Associates, Inc.

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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
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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, e-mail)

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

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Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 4,005.94

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

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SCHEDULE G
CALIFORNIA FORM 460

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from 01/01/2007
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NAME OF FILER
California Citizens for Excellence in Government

I.D. NUMBER
1301988

NAME OF AGENT OR INDEPENDENT CONTRACTOR
McNally Temple & Associates, Inc.

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

*** 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
Fruitridge Printing & Lithograph, Inc. 3258 Stockton Blvd. Sacramento CA 95820	LIT	Printing	1,741.22
Metro Mailing Service, Inc. 4251 Gateway Park Blvd. Sacramento CA 95820	LIT	Mailhouse services	529.43
Metro Mailing Service, Inc. 4251 Gateway Park Blvd. Sacramento CA 95820	POS	Postage	1,580.01
Political Data, Inc. P. O. Box 1706 Burbank CA 91507	LIT	Data File	214.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 4,064.78

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