Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 07/01/2012 through 09/30/2012

Date of Election if applicable
(Month, Day, Year)

1. Type of Recipient Committee
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement
- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   ID. Number 1334704
   COMMITTEE NAME
   MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER
   STREET ADDRESS (NO PO BOX)
   CITY LOS ANGELES
   STATE CA
   ZIP CODE 90010
   AREA CODE/PHONE 213/489-4792
   MAILING ADDRESS (IF DIFFERENT)
   CITY
   STATE
   ZIP CODE

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under

Executed on 10-9-12
By

Executed on 10-29-12
By

Executed on
By

Executed on
By
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>MICHAEL DAVIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Sought: State Assembly Person Assembly District</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>LOS ANGELES</td>
</tr>
</tbody>
</table>

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 to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>MIKE DAVIS FOR ASSEMBLY 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D.NUMBER</td>
<td>1277165</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>DAVID L. GOULD</td>
</tr>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>X YES  NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIKE DAVIS FOR SECRETARY OF STATE 2014</td>
<td>1334702</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>DAVID L. GOULD</td>
<td>X YES</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O.BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY LOS ANGELES</td>
<td>STATE CA</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE 90010</td>
</tr>
<tr>
<td></td>
<td>AREA CODE/PHONE 213/489-4792</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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</thead>
<tbody>
<tr>
<td>MIKE DAVIS FOR CITY COUNCIL 2013</td>
<td>1342584</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>DAVID L. GOULD</td>
<td>X YES</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O.BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY LOS ANGELES</td>
<td>STATE CA</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE 90010</td>
</tr>
<tr>
<td></td>
<td>AREA CODE/PHONE 213/489-4792</td>
</tr>
</tbody>
</table>
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 \( \$ \ 4550.00 \)
2. Loans Received ....................................................... Schedule B, Line 7 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ................................. Add Lines 1 + 2 0.00
4. Nonmonetary Contributions ....................................... Schedule C, Line 3 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .............................. Add Lines 3 + 4 4550.00

### Expenditures Made

6. Payments Made ..................................................... Schedule E, Line 4 3608.76
7. Loans Made .......................................................... Schedule H, Line 7 0.00
8. SUBTOTAL CASH PAYMENTS ....................................... Add Lines 6 + 7 3608.76
9. Accrued Expenses (Unpaid Bills) ............................... Schedule F, Line 3 0.00
10. Nonmonetary Adjustment ......................................... Schedule C, Line 3 0.00
11. TOTAL EXPENDITURES MADE .................................... Add Lines 8 + 9 + 10 3608.76

### Current Cash Statement

12. Beginning Cash Balance ......................................... Previous Summary Page, Line 16 \( \$ \ 10421.80 \)
13. Cash Receipts ....................................................... Column A, Line 3 above 4550.00
14. Miscellaneous Increases to Cash ............................... Schedule I, Line 4 0.00
    Cash Payments ................................................... Column A, Line 8 above 3608.76
16. ENDING CASH BALANCE ........................................... Add Lines 12 + 13 + 14, then subtract Line 15 \( \$ \ 11363.04 \)

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

### 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 0.00
**Schedule A**  
**Monetary Contributions Received**

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

**Statement covers period**  
*from* 20120701  
*through* 20120930

**CALIFORNIA**  
**FORM** 460  
**5 / 10**

**NAME OF FILER**  
MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

**I.D. Number**  
1334704

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rcpt Dt: 08/30/2012</td>
<td>California Professional Firefighters PAC Sacramento CA 95814 ID: 744053</td>
<td>X IND</td>
<td>Business Owner</td>
<td>1000.00</td>
<td>2000.00</td>
<td></td>
</tr>
<tr>
<td>Rcpt Dt: 09/10/2012</td>
<td>Young II Choi Los Angeles CA 90005 ID:</td>
<td></td>
<td>Young II Choi</td>
<td>500.00</td>
<td>500.00</td>
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<tr>
<td>Rcpt Dt: 08/30/2012</td>
<td>Consumer Attorney’s PAC Sacramento CA 95814 ID: 760231</td>
<td>X IND</td>
<td></td>
<td>500.00</td>
<td>1000.00</td>
<td></td>
</tr>
<tr>
<td>Rcpt Dt: 09/17/2012</td>
<td>Disney Worldwide Services Inc. Burbank CA 91521 ID:</td>
<td>X IND</td>
<td></td>
<td>1000.00</td>
<td>1000.00</td>
<td></td>
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<tr>
<td>Rcpt Dt: 09/10/2012</td>
<td>Heang Sook Kim Diamond Bar CA 91765 ID:</td>
<td>X IND</td>
<td>Business Owner</td>
<td>500.00</td>
<td>500.00</td>
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</tr>
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</table>

**SUBTOTAL $**  
$4550.00

---

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 4550.00

2. Amount received this period - unitemized 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 $ 4550.00

---

*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(Other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee*
Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rcpt Dated: 08/04/2012</td>
<td>New Star Realty Inc, dba EERA New Star Realty &amp; Inv. Garden Grove, CA 92844</td>
<td>OTH</td>
<td>Speech Pathologist</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>Rcpt Dated: 03/17/2012</td>
<td>Pamela H. Wiley-Wells PhD Marina Del Rey, CA 90292</td>
<td>X IND</td>
<td>L.A. Speech</td>
<td>550.00</td>
<td>550.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 4550.00

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule E
Payments Made

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

Statement covers period from 20120701 through 20120930

CALIFORNIA FORM 460

NAME OF FILER
MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

I.D. NUMBER
1334704

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB 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
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- 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
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IP COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Reimbursement</td>
<td>661.15</td>
</tr>
<tr>
<td>PRO</td>
<td></td>
<td>392.50</td>
</tr>
<tr>
<td>OFC</td>
<td></td>
<td>126.60</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $3626.45**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $3626.45
2. Unitiemed payments made this period of under $100. ................................................................. $82.31
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 $3608.76

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule E Payments Made

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

Statement covers period from __________ through __________

Name of Filer: MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

I.D. Number: 1334704

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

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

<table>
<thead>
<tr>
<th>Name and Address of Payee or Creditor</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
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<tbody>
<tr>
<td>David L. Gould Company</td>
<td>OFC</td>
<td></td>
<td>177.35</td>
</tr>
<tr>
<td>Los Angeles CA 90010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David L. Gould Company</td>
<td>PRO</td>
<td></td>
<td>802.50</td>
</tr>
<tr>
<td>Los Angeles CA 90010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss Kitty's Catering &amp; Event Service</td>
<td>CMP</td>
<td></td>
<td>366.35</td>
</tr>
<tr>
<td>Sacramento CA 95816</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Subtotal $**

Schedule E Summary

1. Itemized payments made this period. (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 $ 

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule E

Payments Made

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 20120701</td>
<td>460</td>
</tr>
<tr>
<td>through 20120930</td>
<td></td>
</tr>
</tbody>
</table>

See Instructions on Reverse

NAME OF FILER

MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

1334704

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

- UMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB 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
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- 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
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

### NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>ID</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CVC</td>
<td>CVC</td>
<td>1000.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 3526.45
2. Unitemized payments made this period of under $100. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 0
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 3526.45
## Schedule G

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

**NAME OF FILER**
MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

**I.D. NUMBER**
1334704

---

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**
Pyramid Alehouse

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

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: 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
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- 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
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/spONS
- 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 CREDITOR

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
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<tbody>
<tr>
<td>Pyramid Alehouse</td>
<td>FND</td>
<td>8/15/2012 Event</td>
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<tr>
<td>Sacramento</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA 95814</td>
<td></td>
<td></td>
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**TOTAL** $ 661.15

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*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.*

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**FPPC Form 460 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC