D!!				COVER PAGE
Recipient Committee Campaign Statement	Type or print in		Date Stamp	CALIFORNIA 460
Cover Page		RECE	IVED	
(Government Code Sections 84200-84216.5)	Statement covers period from 01/01/2013	Date of election if applicable: (Month, Day, Year)		Page 1 of 36
	110111	7014 2WA 21	P 2. 01	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2013	06/03/2014 017 / 15.0 A	NA PAINT	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Temination Statement (Also file a Form 410 Terminati ☐ Amendment (Explain below)	☐ Sp ☐ Su	eraterly Statement ecial Odd-Year Report epplemental Preelection atement - Attach Form 495
3. Committee Information	D. NUMBER 1359658	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Lisa Bartlett for Supervisor 2014		Jen Slater MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	вох —	MAILING ADDRESS		
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
949-858-6807 in	fo@campaign-compliance.com			
4. Verification				
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.	nowledge the information contained herein and	I in the attached sche	dules is true and complete. I certify
Executed on01/21/2014	By	Signature of Tassacurer or Assistant Treasurer	41	
Executed on01/21/2014	BySignature of C	olidfolling Officeholder, Candidale, State Measure Proponent or	Respensible Officer of Spore	or
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Candidate State Measure	ure Proponent	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Officeholder or Candidate C	ontrolled Committ	tee	6.	Primarily Formed Ball	ot Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDID	ATE			NAME OF BALLOT MEASURE			
Bartlett Lisa							
OFFICE SOUGHT OR HELD (INCLUDE & County Supervisor County of Orange : 5 District Number: 5	OCATION AND DISTRICT	NUMBER IF APPLICABLE))	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (N	O. AND STREET) CITY	/ STATE	ZIP	identify the controlling of			proponent, if any.
				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PROPON	NENT	
Related Committees Not Inc not included in this statement that a contributions or make expenditures	re controlled by you or a	are primarily formed to	nittees receive	OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	i i	D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET	FADDRESS (NO P.O. BOX	CONTROLLED COMMITTEE		Primarily Formed Can officeholder(s) or candidate(s	s) for which this con	Ider Committee	med.
							SUPPORT OPPOSE
COMMITTEE NAME	STATE ZIP COD		PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
		D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)	ONTROLLED COMMITTEE	 	NAME OF OFFICEHOLDER OR (CANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP COD		PHONE	Attac	ch continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 1 CO
from	01/01/2013	FORM 400
through	12/31/2013	Page 3 of 36
		I.D. NUMBER
		1250650

NAME OF FILER Lisa Bartlett for Supervisor 2014 1359658 Column A Contributions Received Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ ____ 50,933.00 50,933.00 2. Loans Received Schedule B. Line 3 1/1 through 6/30 7/1 to Date 75,000.00 75,000.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 20. Contributions 125,933.00 125,933.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 2,229.35 2,229.35 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ _____128,162.35 128,162.35 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____24,120.62 24,120.62 **Candidates** 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made* 24,120.62 24,120.62 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 9,213.00 9.213.00 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 2,229.35 (mm/dd/yy) 2,229.35 35,562.97 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 125,933.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts 0.31 from Column B of your last reported in Column B. 15. Cash Payments Column A, Line 8 above report. Some amounts in 24,120.62 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ 101,812.69 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ for this calendar year, only 0.00 carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 84,213.00 FPPC Form 460 (January/05) FPPC Toll-free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	ary Contributions Received to whole dollars.			Statement covers period from01/01/2013		california 460		
	ONS ON REVERSE			through	2013	Page	4 .	of36
NAME OF FILER Lisa Bartle	ett for Supervisor 2014				. ,	1	UMBER 9658	
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 CALENDAR Y (JAN. 1 - DEC	EAR	то	LECTION DATE QUIRED)
12/31/2013	Susan Adams	XIND COM OTH PTY SCC	Designer Susan Adams Interiors	100.00		100.00	P 14	100.00
12/30/2013	Judy Amiano	IND □COM □OTH □PTY □SCC	CEO FSCSC	100.00		100.00	P 14	100.00
12/30/2013	Anchorage Investments	□IND □COM 図OTH □PTY □SCC		100.00		100.00	P 14	100.00
12/13/2013	Anna Lisa Armanino	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Urban Planner Anna Armanino	100.00	1	100.00	P 14	100.00
10/31/2013	William Barnes	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Producer NBC	100.00	-	00.00	P 14	100.00
			SUBTOTAL\$	500.00				
Amount re- (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND- COM OTH	(other	al ent Committ than PTY o (e.g., busin	r SCC)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur	mn A. Line 1.)	TOTAL \$	50,933.00	scc	- Small (Contributor C	ommittee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

		to whole	dollars.	from01/01/2	U)	LIFOR FORM	460
NAME OF FILER				through 12/31/2	013 Pa	je <u> </u>	of <u>36</u>
	tt for Supervisor 2014				1	NUMBER 159658	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
11/25/2013	Michael J Bartlett	⊠IND □COM □OTH □PTY □SCC	Retired None	300.00	300.0	0 P14	300.00
11/06/2013	Deborah Beech	IND □COM □OTH □PTY □SCC	Controller First Team Real Estate	250.00	250.0	0 P 14	250.00
11/11/2013	Caraline Beeson	⊠IND □COM □OTH □PTY □SCC	Development UC Irvine	250.00	250.0	0 P14	250.00
11/06/2013	Beverly Hills Hospitality Group, LLC	□IND □COM ☑OTH □PTY □SCC		500.00	1,400.0	0 P14	1,400.00
12/13/2013	Beverly Hills Hospitality Group, LLC	□IND □COM 図OTH □PTY □SCC		900.00	1,400.0	0 P 14	1,400.00
			SUBTOTAL	\$ 2 200 00	2000		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

2,200.00

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

wonetary	Offetary Contributions Received Amounts may be rounded to whole dollars. from 01/01/2013		•	CAL F	IFORNI ORM	[^] 460		
NAME OF FILER				through <u>12/31/2</u>	013	Page	6	of <u>36</u>
	tt for Supervisor 2014				······································	I.D. NI	JMBER	
				_		1359	9658	
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 CALENDAR Y (JAN. 1 - DEC	EAR		R ELECTION TO DATE REQUIRED)
10/24/2013	Joel Bishop	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Owner VESystems	1,900.00	1,9	00.00	P 14	1,900.00
12/31/2013	Gayle Bloomingdale	☑IND □COM □OTH □PTY □SCC	President Comprehensive Housing Services	100.00	1	00.00	P 14	100.00
11/06/2013	Aloke Bosu	IND COM OTH PTY SCC	Executive Bosu Aloke, Inc	250.00	2:	50.00	P 14	250.00
11/11/2013	Luke Carlson	IXIND □COM □OTH □PTY □SCC	Attorney Kushner Carlson, PC	250.00	2:	50.00	P 14	250.00
12/30/2013	Melvin Chambers	⊠IND □COM □OTH □PTY □SCC	COB Chambers Group, Inc	500.00	5(00.00	P 14	500.00
			SUBTOTAL!	3 000 00		e 23%	(News)	

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SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period

onotary Contributions (teceived		to whole dollars.				CALIFORNIA 460		
NAME OF FILER		·		through 12/31/2	013	Page	7	of <u>36</u>
	tt for Supervisor 2014						JMBER	
		· · · · · · · · · · · · · · · · · · ·				1359	9658	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	-	RELECTION TO DATE REQUIRED)
11/25/2013	Lloyd Charton	IND COM OTH PTY SCC	Attorney Law Offices of Lloyd Charton	1,000.00	1,00	00.00	P 14	1,000.00
11/11/2013	John Clarey	IXIND ☐COM ☐OTH ☐PTY ☐SCC	CEO Strath Sprey Crown	500.00	50	00.00	P 14	500.00
12/13/2013	Liz A Claus	☑IND □COM □OTH □PTY □SCC	Planning Commissioner City of Dana Point	100.00	10	0.00	P 14	100.00
12/30/2013	Coffee Management, Inc	□IND □COM 図OTH □PTY □SCC		250.00	25	0.00	P 14	250.00
11/25/2013	CR&R Inc	□IND □COM INOTH □PTY □SCC		1,000.00	, ,	0.00	P 14	1,000.00
			SUBTOTAL \$	2.850.00				e de la companya de

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Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received		tary Contributions Received Amounts may be rounded to whole dollars.			Statement coverage of the statement of the statement coverage of the s	-	CALIFORNIA 460		
				through <u>12/31/2</u>	013	Page .	8	_ of	36	
NAME OF FILER						I.D. NU	MBER	·		
Lisa Bartle	tt for Supervisor 2014					1359	658			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR		R ELEC TO DAT REQUI	TE	
12/18/2013	Michael Crawford	IND □COM □OTH □PTY □SCC	President & CEO Sukut Construction	1,900.00	1,90	0.00	P 14	1	,900.00	
11/06/2013	CREPAC - CA Real Estate PAC (#890106)	□IND INCOM □OTH □PTY □SCC		1,000.00	1,00	0.00	P 14	1	,000.00	
12/30/2013	Barbara Delgleize	IND COM OTH PTY	Real Estate Broker Re/Max Select One	100.00	10	0.00	P 14		100.00	
11/06/2013	Ruth DeNault	IND COM OTH PTY	Merchant DeNault's	1,000.00	1,00	0.00	P 14	1	,000.00	
11/01/2013	Norman Denton	☑IND □COM □OTH □PTY □SCC	Retired None	1,000.00	1,00		P 14		,000.00	
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL!	5 000 00		4.4				

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(other than PTY or SCC)

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (1	CON	IT.
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wonetary	Contributions Received	Amounts may be rounded to whole dollars.	Statemen	t covers period	CALI	FORNIA AGO
	·		from <u>01/</u>	Statement covers period CALIFORNIA 460 FORM Page 9 of 36 I.D. NUMBER 1359658		
			through 12/	31/2013	Page_	9 of 36
NAME OF FILER					I.D. NUI	MBER
Lisa Bartlet	t for Supervisor 2014				1359	658
	FULL NAME STORET ADDRESS AND 710 CODE OF CONTRIB	IF AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE T	ODATE	PER ELECTION

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)
11/06/2013	Michael Dunbar	⊠IND □COM □OTH □PTY □SCC	General Manager Emerald Bay Service Dist	200.00	200.00	P 14 200.00
11/11/2013	Larry Duxler	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	250.00	250.00	P14 250.00
10/31/2013	Sandu Eberhard	IND COM OTH PTY	Retired None	200.00	400.00	P14 400.00
12/31/2013	Sandu Eberhard	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	200.00	400.00	P14 400.00
12/30/2013	eClubAccess, Inc	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	P14 100.00
			SUBTOTAL	950.00	9.57	

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Type or print in ink. Amounts may be rounded

SCHEDULE A	(CONT.)
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Monetary	Contributions Received	Ontributions Received Amounts may be rounded to whole dollars. from				FORNIA ORM	460	
				through <u>12/31/2</u>	013	Page_	<u>10</u> of	36
NAME OF FILER						I.D. NU	MBER	
Lisa Bartle	tt for Supervisor 2014					1359	658	
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELI TO D (IF REC	ATE
11/08/2013	Elaine Jung LaVine Insurance Agency, Inc	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	10	0.00	P 14	100.00
12/31/2013	EMS Management LLC	□IND □COM 図OTH □PTY □SCC		250.00	25	0.00	P 14	250.00
10/21/2013	Betha Everett	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	20	0.00	P 14	200.00
12/30/2013	Betha Everett	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	200.00		P 14	200.00
11/06/2013	Faubel Public Affairs	□IND □COM 図OTH □PTY □SCC		250.00	25	0.00	P 14	250.00
			SUBTOTAL	\$ 800.00			g.g.	4.5

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

d	Statement covers period	CALIFORNIA 460
	from <u>01/01/2013</u>	FORM 400
	through <u>12/31/2013</u>	_ Page <u>11</u> of <u>36</u>
		I.D. NUMBER
		1359658

NAME OF FILER

Lisa Bartlett for Supervisor 2014

					153	7030	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	T	ELECTION O DATE EQUIRED)
2/10/2013	Andre Filip	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Advertising/Marketing ELA Advertising	250.00	250.00	P 14	250.00
0/24/2013	John Gee	XIND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	500.00	500.00	P 14	500.00
1/11/2013	Lawrence Gennaro	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Legal Recruiter Gennaro Shea, LLC	250.00	250.00	P 14	250.00
11/06/2013	Goe & Forsythe	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P 14	250.00
1/06/2013	Government Solutions, Inc	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P 14	250.00
			SUBTOTAL \$	1,500.00			

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Type or print in ink.

SCHEDULE A (CONT.
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Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
		from01/01/2013	FORM TUU
WALL OF THE FO		through 12/31/2013	Page 12 of 36
NAME OF FILER			I.D. NUMBER
Lisa Bartlett for Supervisor 2014			1359658

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)
11/25/2013	Wayne R Gross	☑IND □COM □OTH □PTY □SCC	Attorney Greenberg Gross LLP	1,900.00	1,900.00	P14 1,900.00
11/11/2013	Richard Hall	IND □COM □OTH □PTY □SCC	President Certified Fuel	250.00	250.00	P 14 250.00
12/31/2013	James Hardy	☑IND □COM □OTH □PTY □SCC	VP Sales GlenOaks Farms, Inc	200.00	200.00	P14 200.00
12/31/2013	Hauteoc Inc	□IND □COM 図OTH □PTY □SCC		275.00	275.00	P14 275.00
12/31/2013	Art Hernandez	⊠IND □COM □OTH □PTY □SCC	Manager WL Gore and Associates	300.00	300.00	P14 300.00
			SUBTOTAL \$	2,925.00		

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Type or print in ink. Amounts may be rounded

SCHEDULE A	(CONT.)
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monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2013		CALIFORNIA 460				
NAME OF FILER				through <u>12/31/2</u>	013	Page	13	of <u>36</u>		
	h fran Gunnanda a gant					I.D. Ni	JMBER			
Lisa Bartlet	t for Supervisor 2014					135	9658			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.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)		CALENDAR YEAR		CALENDAR YEAR TO DA	
12/31/2013	Rush Hill	⊠IND □COM □OTH □PTY □SCC	Architect/Real Estate Advisor Newport Resource Management, Inc	500.00	500.00		P 14	500.00		
11/06/2013	Impact Bearing	□IND □COM 図OTH □PTY □SCC		1,900.00	1,9	00.00	P 14	1,900.00		
11/06/2013	Lieta Janczyk	⊠IND □COM □OTH □PTY □SCC	Consultant Empire Economics	500.00	51	00.00	P 14	500.00		
12/31/2013	Nancy Jenkins	IXIND □COM □OTH □PTY □SCC	Retired None	100.00	100.00		P 14	100.00		
12/31/2013	John B. Withers Associates	□IND □COM ဩOTH □PTY □SCC		99.00	19	98.00	P 14	198.00		
			SUBTOTAL \$	3,099.00						

*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

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

monetary Contributions Received		Amounts may to whole		Statement covers period from 01/01/2013		FORM 460		
NAME OF FILER				through 12/31/2	013	Page		of <u>36</u>
	tt for Supervisor 2014					I.D. Nt 1359	MBER 1658	
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 CALENDAR Y (JAN. 1 - DEC	EAR	·	R ELECTION TO DATE REQUIRED)
12/13/2013	Cynthia L Johnson	IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker None	100.00	1	00.00	P 14	100.00
12/31/2013	Bruce Junor	⊠IND □COM □OTH □PTY □SCC	Owner Engineering & Manufacturing Development	100.00	10	00.00	P 14	100.00
12/27/2013	Donna Kalez	☑IND □COM □OTH □PTY □SCC	Manager/Owner Dana Warf Sportfishing and Whale Watching	250.00	2:	50.00	P 14	250.00
12/29/2013	Reza Karkia	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	250.00	2!	50.00	P 14	250.00
12/03/2013	Aram H Keith	☑IND □COM □OTH □PTY □SCC	Chairman Stantec Inc	1,900.00	1,90	00.00	P 14	1,900.00
			SUBTOTAL \$	2 600 00		4 1 7	r i de	

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars

SCH	FDL	ИF	Α.	(CO)	NT I

CALIEOPHIA A

Statement covers period

_		to whole (OOHARS.	from01/01/2			'^ 460 of
NAME OF FILER					I.D. N	UMBER	
Lisa Bartle	tt for Supervisor 2014				135	9658	
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)	1	ER ELECTION TO DATE REQUIRED)
12/15/2013	Norman Lent	IND COM OTH PTY	Attorney Dow Lohnes	1,900.00	1,900.00	P 14	1,900.00
12/13/2013	Susan Lent	☑IND □COM □OTH □PTY □SCC	Manager Aikrn Gump	250.00	250.00	P 14	250.00
12/10/2013	Steven Mellgren	☑IND □COM □OTH □PTY □SCC	Owner Dimension in Screen Printing	1,000.00	1,000.00	P 14	1,000.00
12/10/2013	Hasmik Minasian	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Research Raffi R. Minasian, MD	250.00	250.00	P 14	250.00
12/10/2013	Natasha Minasian	IND COM OTH PTY SCC	Interior Design	250.00	250.00	P 14	250.00

SUBTOTAL\$

3,650.00

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

				from01/01/2	013	FORM	4.00
NAME OF EVE	1984			through <u>12/31/2</u>	013 Pag	e 16	_ of36
NAMEOFFILER Lisa Bartlet	t for Supervisor 2014					NUMBER 59658	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PE	ER ELECTION TO DATE F REQUIRED)
12/31/2013	Cynthia A Montinola	IXIND □COM □OTH □PTY □SCC	Realtor Harcourts Prime Properties	100.00	100.0	P 14	100.00
11/14/2013	Raquel Munoz	IXIND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker None	500.00	500.00) P14	500.00
10/18/2013	Neil W. Knuppel Professional Law Corp	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	500.00	P 14	500.00
12/13/2013	OC Sciences Inc	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P 14	250.00
11/06/2013	April O'Connor	COM	Planning Commissioner City of Dana Point	250.00	250.00	P 14	250.00
			SUBTOTAL \$	1,600.00	cont.		

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Type or print in ink.

SCHEDULE A	(CONT.)
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monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2013	CALIFORNIA 460
NAME OF FILER		through <u>12/31/2013</u>	Page17 of36
TAME OF FREIN			I.D. NUMBER
Lisa Bartlett for Supervisor 2014	1359658		

		T				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
11/06/2013	Ronald Okai	IND COM OTH PTY SCC	Retired None	250.00	250.00	P14 250.00
11/06/2013	Stanley Okai	☑IND □COM □OTH □PTY □SCC	Retired None	250.00	250.00	P14 250.00
11/06/2013	Oxbow Investment Holdings	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P14 250.00
12/13/2013	P&J Transportation Solutions LLC dba Rapid Shuttle	□IND □COM 図OTH □PTY □SCC		1,000.00	1,000.00	P14 1,000.00
12/11/2013	Michael Palta	IND COM 1 OTH PTY SCC	Area Manager West Coast Arborists	250.00	250.00	P14 250.00
			SUBTOTAL \$	2.000.00		

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDL	JLE A	(CONT.)	

CALIFORNIA ACO

Statement covers period

				from01/01/2 through12/31/2			DRM 18	of36
NAME OF FILER						I.D. NU		~! <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Lisa Bartlet	t for Supervisor 2014					1359	658	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR	T	ELECTION O DATE REQUIRED)
12/31/2013	John A Ramirez	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Rutan & Tucker, LLP	250.00	25:	0.00	P 14	250.00
12/31/2013	Ellen Jane Raub	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	10	0.00	P 14	100.00
11/06/2013	RBF Consulting	□IND □COM 図OTH □PTY □SCC		250.00	25	0.00	P 14	250.00
10/28/2013	Andrew Ruffino	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Covington & Burling, LLP	250.00	25	0.00	P 14	250.00
10/31/2013	Joseph Ruffino	IND □ COM □ OTH □ PTY □ SCC	Attorney IBM	100.00	10	0.00	P 14	100.00
			SUBTOTAL	950.00				

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Schedule A (Continuation Sheet)

Type or print in ink.

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2013		california 460			
				through 12/31/2	013	Page .	19	_ of <u>36</u>	
NAME OF FILER						I.D. NU	IMBER		
Lisa Bartle	tt for Supervisor 2014					1359	658		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	AR YEAR		R ELECTION TO DATE REQUIRED)	
10/31/2013	Paula Sani	⊠IND □COM □OTH □PTY □SCC	Manicurist Champions	100.00	1	.00.00	P 14	100.00	
11/25/2013	Schmidt & Schmidt	□IND □COM ☑OTH □PTY □SCC		200.00	2	:00.00	P 14	200.00	
11/06/2013	Joseph Scott Schoeffel	☑IND □COM □OTH □PTY □SCC	Attorney Integrated Healthcare Holdings	1,900.00	1,9	00.00	P 14	1,900.00	
12/30/2013	Ernest Schroeder	⊠IND □COM □OTH □PTY □SCC	Asset Manager Schroeder Management Co	300.00	3	300.00	P 14	300.00	
11/11/2013	Katherine Settas	IND COM OTH PTY SCC	Mortgage Broker RM Mortgage	250.00		250.00	P 14	250.00	

SUBTOTAL\$

2,750.00

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o	,	110111			ALIFORNIA 460 FORM 90 of 36			
through 12/31/2013 Page 20 of 36 NAME OF FILER Lisa Bartlett for Supervisor 2014 1359658										
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)			
12/30/2013	Mike Sewell	IND □COM □OTH □PTY □SCC	CIO National Financial Lending	100.00	1	00.00	P 14	100.00		

		***************************************	SUBTOTAL S	1,050.00			in the
10/13/2013	Julie Simer	⊠IND □COM □OTH □PTY □SCC	Attorney Buchalter Nemer	500.00	1,900.00	P 14	1,900.00
11/06/2013	Pasi Siddiqui	⊠IND □COM □OTH □PTY □SCC	President The Echo Group	250.00	250.00	P 14	250.00
12/30/2013	William Shepherd	☑IND □COM □OTH □PTY □SCC	Business Advisor William Shepherd	100.00	200.00	P 14	200.00
11/06/2013	William Shepherd	⊠IND □COM □OTH □PTY □SCC	Business Advisor William Shepherd	100.00	200.00	P 14	200.00
		OTH PTY SCC	National Financial Lending				

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 01/01/2013		california 460			
				through <u>12/31/2</u>	013	Page .	21	of <u>36</u>	
NAME OF FILER						I.D. NU	MBER		
Lisa Bartlet	tt for Supervisor 2014					1359	658		
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 CALENDAR Y (JAN. 1 - DEC	'EAR		R ELECTION TO DATE REQUIRED)	
12/31/2013	Julie Simer	IND □COM □OTH □PTY □SCC	Attorney Buchalter Nemer	1,400.00	1,9	00.00	P 14	1,900.00	
11/06/2013	Mark Simon	⊠IND □COM □OTH □PTY □SCC	Private Investigator	1,000.00	1,0	00.00	P 14	1,000.00	
11/06/2013	Asemo Smiley	⊠IND □COM □OTH □PTY □SCC	Realtor Hom Sotheby's Int'l Realty	350.00	3	50.00	P 14	350.00	
11/11/2013	Jeff Snow	⊠IND □COM □OTH □PTY □SCC	President Rainbow Environmental Services	1,500.00	1,5	00.00	P 14	1,500.00	
11/06/2013	Joe Soto	☑IND □COM □OTH □PTY □SCC	Owner The Soto Company	250.00	2	50.00	P 14	250.00	
			SUBTOTAL	\$ 4,500.00					

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Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from 01/01/2013		CALIFORNIA 460		
				through <u>12/31/2</u>	013	Page .	22	of <u>36</u>
NAME OF FILER	ATT					I.D. NU	IMBER	
Lisa Bartle	tt for Supervisor 2014					1359	658	
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)	
11/06/2013	C. Connie Spenuzza	☑IND Author ☐COM ☐OTH ☐PTY ☐SCC Author C. Connie Spenuzza		250.00	9	51.35	P 14	951.35
11/11/2013	William Steel	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Samuels, Green & Steel	500.00	500.00		P 14	500.00
12/31/2013	Charles N Steel Jr.	IXIND COM	Retired None	1,000.00	1,0	00.00	P 14	1,000.00
12/04/2013	Daniel Stetson	IND COM OTH PTY SCC	President & CEO Ocean Institute	200.00	2	200.00	P 14	200.00
11/06/2013	Stop the Dock Tax Assn PAC (#1346455)	□IND 図COM □OTH		1,000.00	1,0	00.00	P 14	1,000.00

SUBTOTAL\$

2,950.00

□PTY □scc

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Type or print in ink.

Amounts may be rounded to whole dollars.

	(CONT.)

CALIFORNIA ACO

Statement covers period

				from01/01/2	013	FORM	
NAME OF FILER				through12/31/2		e 23 NUMBER	of <u>36</u>
	tt for Supervisor 2014				Į.	59658	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YEAR TO		RELECTION TO DATE REQUIRED)
11/22/2013	Robert Theel	☑IND □COM □OTH □PTY □SCC	President Metro RCT, Inc	250.00	250.00 250.00		250.00
11/01/2013	Pat Treister	IND COM OTH PTY	President Pacific Masonry Walls, Inc	250.00	250.00	P 14	250.00
12/31/2013	Tustin Field Gas & Food Inc	□IND □COM 図OTH □PTY □SCC		500.00	500.00	P 14	500.00
11/06/2013	Judith Ware	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	President Ware Environmental			P 14	250.00
12/31/2013	White H2O LLC	☐IND ☐COM IXOTH ☐PTY ☐SCC		1,000.00	1,000.00		1,000.00
			SUBTOTAL	\$ 2 250 00		- 4	

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from <u>01/01/2</u>		F	ORM	
NAME OF FREE				through <u>12/31/2</u>	013	Page .		_ of <u>36</u>
NAME OF FILER Lisa Bartle	tt for Supervisor 2014					I.D. NU 1359		
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 CALENDAR Y (JAN. 1 - DEC	EAR		R ELECTION TO DATE REQUIRED)
11/06/2013	John Williams	IND COM OTH PTY	Attorney Gibson, Dunn & Crutcher	1,000.00	1,0	00.00	P 14	1,000.00
12/31/2013	John B Withers	IND ☐COM ☐OTH ☐PTY ☐SCC	Executive John B. Withers Associates	99.00	1.	98.00	P 14	198.00
11/06/2013	Robert Zasa	⊠IND □COM □OTH □PTY □SCC	Healthcare ASD Corp	1,900.00	1,9	00.00	P 14	1,900.00
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	2,999.00				

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(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

0.4 1.1 5 5	7	Type or print in i	ink				SCHE	DULE 8 - PART
Schedule B – Part 1		ounts may be ro	ounded	ſ	Statement cov	ers period	CALIFORN	
Loans Received		to whole dollar	75.		from 01/0:	1/2013	FORM	^A 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2013	Page 25	of36
NAME OF FILER				<u>l</u>			I.D. NUMBER	
Lisa Bartlett for Supervisor 2014							1359658	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Lisa Bartlett		151300		PAID	FERIOD		10.11	CALENDAR YEAR
				\$	\$ 20,000.00	0.00% RATE	\$	\$75,000.0
		0.00 \$	20,000.00	FORGIVEN 0.0	<u> </u>	0.00	08/10/2013	PER ELECTION ⁴ P14 75,000.0
TEND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
Tisa Bartlett † ☑ ND COM OTH PTY SCC		\$	\$	\$ 0.0 \$ 0.0 \$ FORGIVEN	\$	RATE %	55,000.00 \$	\$ 75,000.0 PERELECTION 4 P14 75,000.0 \$
				PAID				CALENDAR YEAR
				FORGIVEN	*	RATE %	\$ 	PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$ <u></u>	DATE INCURRED	\$
		SUBTOTALS \$	75,000.00	0.0	75,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				. \$	75,000.00			
(Total Column (b) plus unitemized loans						10	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	paid or forgiven.)			\$	0.00	IN CO	iD – Individual OM – Recipient Co	mmittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	***************************************	******************	NET \$	75,000.00 May be a negative number)		CC - Small Contrib	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** FORM 01/01/2013 through 12/31/2013 I.D. NUMBER 1359658

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lisa Bartlett for Supervisor 2014

								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	то	LECTION DATE QUIRED)
12/12/2013 ^L	uxe Restaurant	□IND □COM ☑OTH □PTY □SCC		12/12 Candidate Event Costs - 19 Attendees	1,400.00	1,400.00	P 14	1,400.0
11/06/2013 ^C		COM	Author C. Connie Spenuzza	11/6 Event Costs - Reception Only	701.35	951.35	P 14	951.3
12/12/2013 W	hat A Dish	□IND □COM ⊠OTH □PTY □SCC		12/12 Event Desserts - 19 Attendees	128.00	128.00	P14	128.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Attach addi	itional information on appropriately lab	eled continuati	on sheets.	SUBTOTAL \$	2,229.35			

Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 2,229.35
	Amount received this period – unitemized nonmonetary contributions of less than \$100	
3.	Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

Schedule E **Payments Made**

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

Statement covers period	CALIFORNIA ACO
from01/01/2013	FORM 46U
through	Page27 of36
	I.D. NUMBER
	1359658

SEE INSTRUCTIONS ON REVERSE	through 12/31/2013	Page	27 of <u>36</u>					
NAME OF FILER	I.D. NUME	BER						
Lisa Bartlett for Supervisor 2014								
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc.	MBR member.com	munications		RAD radio airtime and production	costs			
CNS campaign consultants		d appearance:	3	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expen			SAL campaign workers' salaries				
CVC civic donations	PET petition circu			TEL t.v. or cable airtime and pro				
FIL candidate filing/ballot fees	PHO phone banks		L.	TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging.				
FND fundraising events		survey research	n senger services	TRS staff/spouse travel, lodging, TSF transfer between committee		a aandidatalanansas		
ND independent expenditure supporting/opposing others (explain)* LEG legal defense			al, accounting)	VOT voter registration	S OI DIE SAITI	e candidate/sponsor		
LEG legal deterise LIT campaign literature and mailings	PRT print ads	SCI VICES (IEG	a, accounting,	WEB information technology cost	s /internet e_	mail\		
Campaign merature and manings	rki priikaus		<u></u>	WED THIOTHAUDI ISCANOOGY COS	s (interrier, e-	ilian)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)		CODE C	R DES	SCRIPTION OF PAYMENT		AMOUNT PAID		
American Express		FND	12/12 Candidate Ev	vent Costs - 19 Attendees		972.00		
Betty Presley & Associates, Inc.								
Betty Flesley & Associates, Inc.		PRO				750.00		
Betty Presley & Associates, Inc.		PRO				950.00		
* Payments that are contributions or independent expenditures m	ust also be summ	arized on So	hedule D.	S	UBTOTAL \$	2,672.00		
Schedule E Summary								
Itemized payments made this period. (Include all Schedule I	E subtotals.)	•••••			\$	24,023.43		
2. Unitemized payments made this period of under \$100	\$	97.19						
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. Er	iter here and on t	he Summar	y Page, Column A	, Line 6.) TO	OTAL \$	24,120.62		

Schedule E

Type or print in lnk.

(Continuation Sheet) Payments Made	Amounts may be to whole do	rounded		Statement covers period from 01/01/2013	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				through12/31/2013	Page	28 of 36
NAME OF FILER Lisa Bartlett for Supervisor 2014					I.D. NUMB	ER
nisa partiett for Supervisor 2014					135965	18
CODES: If one of the following codes accurately describe	es the payment, y	ou may en	ter the code. Othe	rwise, describe the payment		
OMP campaign paraphemalia/misc.	MBR member com	munications		RAD radio airtime and production		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen		S	RFD returned contributions		
CVC civic donations	OFC office expen PET petition circuit			SAL campaign workers' salaries TEL t.v. or cable airtime and pro	i Industion cost	
Fil. candidate filing/ballot fees	PHO phone banks			TRC candidate travel, lodging, as	MUCUUII COSI: nd maale	•
ND fundraising events	POL polling and s		;h	TRS staff/spouse travel, lodging.		
ND independent expenditure supporting/opposing others (explain)*	POS postage deli	very and mes	ssenger services	TSF transfer between committee	es of the san	ne candidate/sponsor
EG legal defense		services (leg	al, accounting)	VOT voter registration		·
LT campaign literature and mailings	PRT print ads			WEB information technology cost	ts (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Betty Presley & Associates, Inc.						
		PRO				950.00
		110				750.00
	,					
Deluxe Printing Inc.						
						157.01
		OFC				137.01
					-	
Pacific Fundraising Strategies	····					
• • • • • • • • • • • • • • • • • • • •					i	
		CNS			i	2,500.00
		55				2,500.00
Pacific Fundraising Strategies						
						2,500.00
		CNS				
Pacific Fundraising Strategies				· · · · · · · · · · · · · · · · · · ·		
		OFC				
3501 Jamboree Place Suite 606		OFC				122.01
Newport Beach, CA 92660						
Payments that are contributions or independent expenditures must als	so he summarized on	Schedule D		QI	JBTOTAL \$	6,229.02
						0,223.02

Schedule E (Continuation Sheet)

Type or print in ink.
Amounts may be rounded

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from01/01/2013	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lisa Bartlett for Supervisor 2014				through 12/31/2013	Page I.D. NUMB 135965	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating curvey resear	es	rwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	. n costs s duction costs nd meals , and meals es of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) Venture Strategic Inc		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
		WEB				1,150.00
Venture Strategic Inc		cns				2,500.00
Venture Strategic Inc		LIT				3,290.25
Venture Strategic Inc		LIT	Slate Cards			7,225.16
Voter Connections/eFundraising 2131 Capitol Ave, #306 Sacramento, CA 95816		OFC				35.50
Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D.		SL	JBTOTAL \$	14,200.91

Schedule E (Continuation Sheet) Payments Made

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

		CONEDULE L'OCHI
Statement covers period		CALIFORNIA ACO
Ì	from01/01/2013	FORM TOU
	through 12/31/2013	Page 30 of 36
-		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				throug	gh	12/31/2013	— Page	30 of <u>36</u>
NAME OF FILER				•			I.D. NUMB	ER
Lisa Bartlett for Supervisor 2014							135965	8
CODES: If one of the following codes accurately describes the pa	ayment, yo	ou may e	enter the code. C					
CNS campaign consultants MTG m CTB contribution (explain nonmonetary)* OFC of CVC civic donations PET p CAND candidate filing/ballot fees PHO p IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRO p		appearanceses ating urvey resea	ces	RFD SAL TEL TRC TRS TSF VOT	returne campai t.v. or c candida staff/sp transfe voter n	ate travel, lodg ouse travel, k r between con egistration	s alaries nd production costs ing, and meals odging, and meals	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		AMOUNT PAID
Voter Connections/eFundraising		OFC						106.50
Voter Connections/eFundraising								
		OFC						284.50
Voter Connections/eFundraising								
		OFC						18.00
Voter Connections/eFundraising								
		OFC						70.50
Voter Connections/eFundraising						,		
2131 Capitol Ave, #306 Sacramento, CA 95816		OFC						14.50
* Dayments that are contributions or independent expenditures must also be sum	marized on	Schedule [<u> </u>				SUBTOTAL	\$ 494.00

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E	(CONT.)
------------	---------

Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE IAME OF FILER Lisa Bartlett for Supervisor 2014	Amounts may be rounded to whole dollars.			fromthroug	01/01/2013 12/31/2013	FOR	31 of 36 R
CODES: If one of the following codes accurately described management of the following codes accurately described management of the following codes accurately described management of the following campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense campaign literature and mailings	MBR member common meetings and OFC office expens petition circular phone banks POL polling and suppostage, deliversely.	munications I appearances ses ating urvey researd very and mes	s	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	n costs duction costs nd meals , and meals es of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	OR DE	SCRIPTION	OF PAYMENT		AMOUNT PAID
Voter Connections/eFundralsing		OFC					142.50
Voter Connections/eFundraising		OFC					267.00
Voter Connections/eFundraising		OFC					18.00
Payments that are contributions or independent expenditures must also	so be summarized on	Schedule D.			S	UBTOTAL \$	427.50

Schedule F **Accrued Expenses (Unpaid Bills)**

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

Statement covers period 01/01/2013

CALIFORNIA FORM

of 36 Page 32

through ____12/31/2013

I.D. NUMBER 1359658

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Lisa Bartlett for Supervisor 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications radio airtime and production costs RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* office expenses PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate travel, lodging, and meals FIL. candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals fundraising events polling and survey research transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* legal defense professional services (legal, accounting) voter registration LEG print ads information technology costs (internet, e-mail) campaign literature and mailings PRT ш (b) (c) CODE OR AMOUNT INCURRED AMOUNT PAID OUTSTANDING NAME AND ADDRESS OF CREDITOR OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT THIS PERIOD BALANCE BEGINNING THIS PERIOD BALANCE AT CLOSE (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD Imageactive 763.00 WEB 0.00 763.00 0.00

Venture Strategic Inc	CNS	0.00	2,500.00	0.00	2,500.00
Betty Presley & Associates, Inc.	PRO	0.00	950.00	0.00	950.00

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

SUBTOTALS \$

0.00 \$

4,213.00\$

0.00\$

4,213.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 9,213.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

0.00

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

| CALIFORNIA 460 | CALI

NAME OF FILER

Lisa Bartlett for Supervisor 2014

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 costs campaign consultants MTG meetings and appearances RFD returned contributions 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 filing/ballot fees POI colling and survey research TRS staffishing and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor professional services (legal, accounting) POS pro

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
UT 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 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
Pacific Fundraising Strategies	CNS	0.00	2,500.00	0.00	2,500.00
Venture Strategic Inc	CNS	0.00	2,500.00	0.00	2,500.00
	SUBTOTALS	\$ 0.00	5,000.00	0.00	5,000.00

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

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

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from 01/01/2013	FORM 46U
through 12/31/2013	Page 34 of 36
	I.D. NUMBER 1359658

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Lisa Bartlett for Supervisor 2014

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

print ads

CMP campaign paraphernalia/misc. MBR member communications campaign consultants CNS meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating TEL. FIL candidate filing/ballot fees PHO phone banks fundraising events POL

polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting)

LIT

ND LEG legal defense campaign literature and mailings PRT RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAÍD
Salt Creek Grille	FND 12/12 Attend	Candidate Event Costs - 19 dees	972.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

972.00

^{*} 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 M	lade by an Agent or Independent
Contractor ((on Behalf of This Committee)

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

			5	CHEDULE G
State	ment covers period	CALIF FO	ORNIA	460
from	01/01/2013	FO	RM	400
through	12/31/2013	Page	35 of	36
*****		I.D. NUM	BER	

1359658

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lisa Bartlett for Supervisor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Venture Strategic Inc

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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
FŁ	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
ND	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
பா	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 LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs Newsletter (#1345115)	LIT	Slate Card	4,098.31
California Voter Guide (#595004)	LIT	Slate Card	1,976.85
COPS Voter Guide (#1334644)	LIT	Slate Card	1,150.00
DMI Direct	LIT		2,675.00
Attach additional information on appropriately labeled continuation shoot			TOTAL S

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 9,900.16

^{*} 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 I Miscellaneous Increases to Cash

Type or print in ink.

Amounts may be rounded to whole dollars.

Schedule I Statement covers period from $\frac{01/01/2013}{}$ CALIFORNIA FORM 460

SEE INSTRUCTION	ONS ON REVERSE
NAME OF FILER	

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Lisa Bartlett for Supervisor 2014

I.D. NUMBER 1359658

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0.00

S	cł	ne	d	ul	е	S	u	m	1	m	a	r	/

1. Itemized increases to cash this period.	\$ _	0.00
2. Unitemized increases to cash of under \$100 this period.	\$_	0.31
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$_	0.00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)