C	ecipient Committee ampaign Statement overnment Code Sections 84200-84216.5)	Type or print in i		Date Stamp	CALI 20	CALIFORNIA 2001/02 FORM				
		Statement covers period from10/01/2008		MIZU A 9:		For Official Use Only				
	INSTRUCTIONS ON REVERSE	through 10/18/2008	11/04/2008							
1.	Type of Recipient Committee: All Committe  Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Committee	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme    Pre-election State   Semi-annual State   Termination Stater   Amendment (Expla	ment ement ment	☐ Quarterly ☐ Special (☐ Supplem	y Statement Odd-Year Report nental Preelection nt - Attach Form 495				
<del></del>	Committee Information	I.D.NUMBER 1308623	Treasurer(s)							
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Lou Penrose for City Council		NAME OF TREASURER Kelly Lawler		· · · · · · · · · · · · · · · · · · ·					
	STREET ADDRESS (NO P.O. BOX) 34206 Doheny Park Road		MAILING ADDRESS 976 Pacific Avenue							
	CITY STATE ZIP COE Capo Beach CA 92624-		CITY Willows	STATE CA	ZIP CODE 95988-9788	AREA CODE/PHONE (530) 934-5823				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	NAME OF ASSISTANT TREASU	RER, IF ANY						
	CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS							
	OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE				
			OPTIONAL: FAX/E-MAIL ADDRE	SS						
4.	Executed on By	reviewing this statement and to the under the laws of the State of Cali signature of Treasurer or ATTOLLING OFFICEHOLDER, CANDIDATE, STATE	fornia that the foregoing is true ASSISTANT TREASURER  E MEASURE PROPONENT OR RESPONSIBLE	and correct.						
	Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE, STATE MEASURE PROPONEN	T	FP FPPC Toll-Free H	PPC Form 460 (June/01) Helpline: 866/ASK-FPPC State of California				

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

2/18

NAME OF OFFICEHOLDER OR CANDIDATE Lou Penrose (aka Luigi Rossetti, Jr.)			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS' Sought: City Council Member City Dana P	,		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling offi	ceholder, can	didate, or state	measure pro	conent, if any.
34206 Doheny Park Road	Capo Beach CA 92624-1111		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you or contributions or to make expenditures on behalf of your ca	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed C		List names	of officeholder(s	s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P. 0	D.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT
CITY STATE Z	IP CODE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D.BOX)		<del>·</del>			·	
			Attac	h continuation	sheets if nec	accoru.	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Lou Penrose for City Council

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA 160
from	20081001	FORM 40U
through	20081018	3 / 18
		I.D. NUMBER
		1308623

Contributions Received	-	Olumn A		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 7	\$ \$ \$	0.00 3159.00 185.00 3344.00	\$	19680.50 0.00 19680.50 476.59 20157.09 14224.12 0.00	20. Contribution Received \$\$  21. Expenditures Made \$\$  Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made*			
8. SUBTOTAL CASH PAYMENTS		6522.96 -467.35 185.00 6240.61	\$ \$	14224.12 13250.15 476.59 27950.86	(If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$\$			
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$ \$	8820.34 3159.00 0.00 6522.96 5456.38	amour corres from C report. Colum figures subtra period the firs	culate Column B, add nts in Column A to the ponding amounts Column B of your last . Some amounts in an A may be negative s that should be cted from previous amounts. If this is st report being filed s calendar year, only	*Amounts in this section may be different from amounts reported in Column B.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ \$ \$	0.00 0.00 13250.15	carry o	s calendar year, only over the amounts ines 2, 7, and 9 (if	FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPP			

### Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received		o whole dollars.	Statement cov	vers period 81001	california 460	
SEE INSTRUCTIO	INS ON REVERSE			through 200	81018	4	/ 18
NAME OF FILER Lou Penrose fo	or City Council					I.D. Nun 13086	
DATE RECEIVED	FULL NAME, MAILING 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 ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/13/2008	Vandermost Consulting Services Inc 30900 Rancho Viejo Road Suite 100 San Juan CapistranoCA 92675-1763 ID:	IND COM OTH PTY SCC		250.00	250	0.00	
Rcpt Dt: 10/13/2008	Capata & Co 28202 Cabot Road Laguna Niguel CA 92677-1222 ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100	0.00	
Rcpt Dt: 10/10/2008	David G Bowser 1302 Michigan Avenue Alexandria VA 22314-1216 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Increase Strategies	500.00	500	0.00	
Rcpt Dt: 10/13/2008	Friends of Jim Palmer 603 E Action Avenue #H Santa Ana Ca 92705 ID: 1275009	IND  COM OTH PTY SCC		100.00	100	0.00	
Rcpt Dt: 10/13/2008	Mr Howard L Hull III 2755 Albatross Drive Costa Mesa CA 92626-4713 ID:	X IND COM OTH PTY SCC	Stock Broker Fina Corp Securities	100.00	100	0.00	
			SUBTOTAL	\$			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A Summary eived this period - itemized monetary contributions Schedule A subtotals.)		\$	2880.00	INC		
	eived this period - unitemized contributions of less	s than \$100	\$	279.00	l l	⊣ - Other ∕ - Politica	·
	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A. Line 1.)	TOTAL \$	3159.00			Contributor Committee

#### Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

0	$\cap$	ι⊏	mi	11	 ۸

Statement covers period

monetal y	Contributions Received	tc	o whole dollars.	from 200	81001	FORM 46U
SEE INSTRUCTION	NS ON REVERSE			through 200	81018	5 / 18
NAME OF FILER Lou Penrose fo						I.D. Number 1308623
DATE RECEIVED	FULL NAME, MAILING 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. 3	AR TO DATE
Rcpt Dt: 10/17/2008	Anchorage Investments 34179 Golden Lantern Street Suite 103 Dana Point CA 92629-2800 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	199	.00
Rept Dt: 10/13/2008	Sheldon Group 901 Dove Street Suite 140 Newport Beach CA 92660-3034 ID:	IND COM OTH PTY SCC		100.00	100	.00
Rcpt Dt: 10/17/2008	Susan Caskey 27182 Hidden Trail Road Laguna Hills CA 92653-5809 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contracts	100.00	100	.00
Rcpt Dt: 10/13/2008	Kanatsiz Communications, Inc. 10 Mar Del Rey San Clemente CA 92673-2761 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		330.00	330	.00
Rcpt Dt: 10/17/2008	Olson Pavingstone, Inc. 31511 Ortega Highway San Juan CapistranoCA 92675-2038 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250	.00
			SUBTOTAL	\$		
(Include all 2. Amount rece	a Summary eived this period - itemized monetary contributions Schedule A subtotals.) eived this period - unitemized contributions of less eary contributions received this period.	***************************************			IND COM OTH PTY	ntributor Codes - Individual  I - Recipient Committee (other than PTY or SCC)  Other - Political Party - Small Contributor Committee
	1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1.)	TOTAL \$			

#### Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCH	-	<b>~1</b> II	_	
~ ·	, <b>–</b> 1	31	-	- 22

Monetary	lonetary Contributions Received		whole dollars.	vers period GAL 081001 F		FORM 460		
SEE INSTRUCTIO	NS ON REVERSE			through 2008	31018	(	6 / 18	
NAME OF FILER Lou Penrose fo	or City Council	<del></del>				I.D. Nur	mber	
Lou Felilose II	Total Council			· · · · · · · · · · · · · · · · · · ·	I	13086	323	
DATE RECEIVED	FULL NAME, MAILING 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)	
Rcpt Dt: 10/17/2008	James Stuart 1037 Tamarisk Road Palm Springs CA 92262-5828 ID:	X IND COM OTH PTY SCC	Realtor Group One Realty	100.00	100	0.00		
Rcpt Dt: 10/13/2008	Pernille Hjorth-Olsen 33611 Avenida Calita San Juan CapistranoCA 92675-4971 ID:	X IND COM OTH PTY SCC	General Manager Olsen Pavingstone	100.00	100	0.00		
Rcpt Dt: 10/13/2008	Dara Jaffee 4001 Little Neck Parkway Apt. 31B Little Neck NY 11363-1750 ID:	X IND COM OTH PTY SCC	Attorney  New York City	200.00	200	0.00		
Rcpt Dt: 10/13/2008	Jennifer Brogdon 34264 Camino Capistrano Unit 221 Capo Beach CA 92624-1169 ID:	X IND COM OTH PTY SCC	Homemaker n/a	100.00	100	0.00		
Rcpt Dt: 10/13/2008	Doctor's Ambulance Service 23091 Terra Drive Laguna Hills CA 92653-1320 ID:	☐ IND☐ COM☐ SOTH☐ PTY☐ SCC		250.00	250	0.00		
			SUBTOTAL	\$				
I. Amount rece (Include all 2. Amount rece	eived this period - itemized monetary contributions. Schedule A subtotals.)		ŕ		OTI PTY	othe) H - Other Y - Politica	lual vient Committee r than PTY or SCC) al Party	
	ary contributions received this period.  1 and 2. Enter here and on the Summary Page. Coli	ımn A Line 1 )	TOTAL \$		180	C- Small (	Contributor Committee	

## Schodula A

Type or print in ink

SCHEDILLE A

ochedule /			o or print in this	•				
Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement covers period FORM CALIFORN FORM			orm 460	
SEE INSTRUCTION	NS ON REVERSE			through 200	81018	7 / 18		
NAME OF FILER Lou Penrose fo	or City Council					I.D. N 1308	umber 3623	
DATE RECEIVED	FULL NAME, MAILING 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 T CALENDAR ' (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 10/17/2008	Cox Communications, Inc. 1400 Lake Hearn Drive NE Atlanta GA 30319-1464 ID:	☐ IND ☐ COM ※ OTH ☐ PTY ☐ SCC		200.00	20	200.00		

	SUBTOTAL \$	2880.00	
Schedule A Summary  1. Amount received this period - itemized monetary contributions.			*Contributor Codes IND - Individual
(Include all Schedule A subtotals.)			COM - Recipient Committee (other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		PTY - Political Party SCC- Small Contributor Committee

Schedul	e C			print in ink.				SCHEDUI			
Nonmon	netary Contributions Received			nay be rounded ble dollars.	Statement covers period from 20081001			CALIFO			
SEE INSTRUCT	IONS ON REVERSE				thro	ugh 20081018	8	8	/ 18		
NAME OF FILER	₹							I.D. Num	ber		
Lou Penrose	for City Council							130862	23		
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 10/01/2008	Agostino's Ristorante 34700 Pacific Coast Highway Capistrano Beach CA 92624-1351 ID:	□IND □COM □OTH □PTY □SCC		Food For Fund	raiser	185.00		185.00			

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	185.00		
Schedule C Summary				
Amount received this period - itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	\$ _	185.00	*Contributor Codes  IND - Individual	
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$ <u>_</u>	0.00	COM- Recipient Committee - (other than PTY or SCC) OTH - Other	
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.)	TOTAL \$ _	185.00	PTY - Political Party SCC - Small Contributor Committee	

Schedule	Ε
<b>Payments</b>	Made

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

		SCHEDULE E
Statem	ent covers period	california 460
from	20081001	FORM 400
through _	20081018	9 / 18
		I.D. NUMBER
		1308623

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lou Penrose for City Council

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		radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses		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		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DITOR	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide 1954 W Carson Street Suite B Torrance CA 90501-3218	ID:	LIT		500.00
ONPVGC 921 11th Street Suite 400 Sacramento CA 95814-2882	ID:	LIT	Returned Check-Slate Cancelled	-575.00
Continuing the Republican Revolution Slate 1300 Bristol Street N Suite 100 Newport Beach CA 92660-2989	ID: 598041	LIT		200.00

 $<sup>^{\</sup>star} \ \ \text{Payments that are contributions or independent expenditures must also be summarized on Schedule D.}$ 

<b>SUBTOT</b>	AL \$
---------------	-------

#### Schedule E Summary

1,	Itemized payments made this period. (Include all Schedule E subtotals.)	6468.05	_
2.	Unitemized payments made this period of under \$100.	54.91	
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00	
	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	6522.96	

Schedule E  Payments Made  Type or print in ink.  Amounts may be rounded to whole dollars.			Statement covers period CA from20081001			CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	20081018	10	0 / 18
NAME OF FILER						I.D. NUM	BER
ou Penrose for City Council						130862	
CODES: If one of the following codes accurately describes to the 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)*	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications id appearanc ises ulating s survey resear	es es och essenger services	RAD rac RFD ret SAL ca TEL t.v TRC ca TRS sta	e payment.  dio airtime and product urned contributions mpaign workers' salari, or cable airtime and producte travel, lodging, liff/spouse travel, lodgingnsfer between commit	ion costs es production c , and meals ng, and mea	osts
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (leg				osts (interne	et, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	·	CODE (	DR D	ESCRIPTION OF PA	YMENT		AMOUNT PAID
CRA Voter Guide 11230 Gold Express Drive # 310-325 Gold River CA 95670-4484	ID:	LIT					230.00
Amber Hall 26711 Calle Salida	ID:	POS	See Schedule G				1235.99
Capo Beach CA 92624-1414  CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID:	FND					2.50
Payments that are contributions or independent expenditures must	also be summarized o	on Schedule	D.		SUE	BTOTAL \$	
Schedule E Summary  1. Itemized payments made this period. (Include all Schedul	e 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).)

					SCHEDULE E			
Schedule E	Type or print in ink.			State	ment covers period	CALIFORNIA ACO		
Payments Made		Amounts may be rounded to whole dollars.			20081001	FORM 460		
SEE INSTRUCTIONS ON REVERSE				through .	20081018	11 / 18		
NAME OF FILER						I.D. NUMBER		
Lou Penrose for City Council						1308623		
CODES: If one of the following codes accurately describes to	the payment, you n	nay enter t	ne code. Othe	erwise, describe th	ne 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 cor MTG meetings ar OFC office exper PET petition circl PHO phone bank POL polling and s POS postage, de PRO professional PRT print ads	nd appearand uses ulating s survey resea livery and me	es rch essenger services	RFD r. SAL control to the second seco	adio airtime and produce turned contributions ampaign workers' salar v. or cable airtime and andidate travel, lodging taff/spouse travel, lodgransfer between commitoter registration	ries production costs g, and meals ing, and meals ttees of the same candidate/spons		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF F	PAYMENT	AMOUNT PAID		
Amber Hall 26711 Calle Salida	ID:	POS	Reimburse P	OS under \$500		366.47		
Capo Beach CA 92624-1414								
Horizon Law Group, LLP 1920 Main Street Suite 210 Irvine CA 92614-7223	ID:	PRO				1000.00		
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID:	FND				1.75		
* Payments that are contributions or independent expenditures must	also be summarized o	on Schedule	D.		su	BTOTAL \$		
Schedule E Summary								
Itemized payments made this period. (Include all Schedule)	e E subtotals.)					\$		
2. Unitemized payments made this period of under \$100.					***************************************	\$		
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Parl	t 1, Columr	n (e).)			\$		

Type or print in ink.		SCHEDULE				
Amounts may be rounded	Statement covers period C/	CALIFORNIA ACO				
to whole dollars.	from20081001	FORM 460				
	through 20081018	12 / 18				
	1.0	D. NUMBER				
	1:	308623				
you may enter the code. Other						
nber communications stings and appearances e expenses ion circulating ne banks ng and survey research age, delivery and messenger service essional services (legal, accounting)	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and the staff/spouse travel, lodging, and the staff spouse	ction costs meals id meals of the same candidate/spons				
CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID				
CNS		1000.00				
OFC		31.71				
FND		25.00				
arized on Schedule D.	SUBTOT	TAL \$				
	you may enter the code. Oth other communications tings and appearances e expenses ion circulating ne banks ng and survey research age, delivery and messenger service assional services (legal, accounting) ads  CODE OR  CNS  OFC  FND	through				

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

					SCHEDULE E				
Schedule E	Type or print in ink. Amounts may be rounded			Statem	ent covers period	CALIFO	RNIA ACO		
Payments Made to whole dollars.			from	20081001	FORI				
SEE INSTRUCTIONS ON REVERSE				through	20081018	13 /	/ 18		
NAME OF FILER						I.D. NUMBE	ER .		
Lou Penrose for City Council						1308623			
CODES: If one of the following codes accurately describes t	he payment, you m	nay enter th	e code. Otherw	rise, describe th	e 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 cor MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	id appearance ses ulating s survey researd livery and med	ch ssenger services	RFD re SAL ca TEL t.v TRC ca TRS st TSF tra VOT vo	dio airtime and product turned contributions impaign workers' salari or cable airtime and p indidate travel, lodging aff/spouse travel, lodging ansfer between commit oter registration formation technology c	es production cos , and meals ng, and meals tees of the sa	; me candidate/sponso		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR	DESCRIPTION OF PA	AYMENT		AMOUNT PAID		
California Voter Guide 1954 W Carson Street Suite B Torrance CA 90501-3218	ID:	LIT					500.00		
Jack's Restaurant 24462 Del Prado	ID:	FND				***	240.00		
Dana Point CA 92629-2739									
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID:	OFC					275.00		
Payments that are contributions or independent expenditures must	also be summarized o	on Schedule	D.		SUI	BTOTAL \$			
Schedule E Summary									
. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$			
2. Unitemized payments made this period of under \$100.						\$			
3. Total interest paid this period on loans. (Enter amount fron						_			
		,	\~!·!			· · · · · · · · · · · · · · · · · · ·			

Schedule E Payments Made	ments Made  Amounts may be rounded		Statem	ent covers period		california 460	
SEE INSTRUCTIONS ON REVERSE				through	20081018	1	4 / 18
NAME OF FILER				Name		I.D. NUM	IBER
Lou Penrose for City Council						130862	23
CODES: If one of the following codes accurately describes to	he payment, you m	nay enter t	the code. Other	wise, describe th	e 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 cor MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	id appearant ses ulating s survey resea livery and m	ces arch essenger services	RFD re SAL ca TEL t.v TRC ca TRS st TSF tra VOT vo	dio airtime and product turned contributions ampaign workers' salari v. or cable airtime and p andidate travel, lodging, aff/spouse travel, lodging, ansfer between commit oter registration formation technology of	es production of and meals ng, and mea tees of the	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PA	AYMENT		AMOUNT PAID
The KAL Group 976 Pacific Avenue	ID:	PRO					246.84
Willows CA 95988-9788							
Political Data, Inc. 825 S Victory Boulevard	ID:	LIT					187.79
Burbank							
Hart and Associates, LLC 1300 Bristol Street N Suite 100 Newport Beach CA 92660-2989	ID:	CNS					1000.00
* Payments that are contributions or independent expenditures must	also be summarized (	on Schedul	e D.		SUI	STOTAL \$	6468.05
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)		***************************************			\$	
2. Unitemized payments made this period of under \$100.						\$ _	
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Parl	t 1, Colum	ın (e).)			\$	
4. Total payments made this period. (Add lines 1, 2, and 3. E	Enter here and on	the Summ	ary Page, Colur	nn A, Line 6.)	то	TAL \$ _	

Type or print in ink.

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

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

Statement covers period CALIFORNIA FORM 20081001 from 20081018 through \_ 15 / 18

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lou Penrose for City Council 1308623

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

		F PAYEE OR CRED ENTER I.D. NUMBER)	DITOR	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
DMI 1145 W Collins Avenue			ID:	LIT	0.00	3804.36	0.00	3804.36
Orange	CA	92867-5445						
Discover Card 2500 Lake Cook Road			ID:	POS	239.73	0.00	0.00	239.73
Deerfield	IL	60015-3851						
Jack's Restaurant 24462 Del Prado			ID:	FND	240.00	0.00	240.00	0.00
Dana Point	CA	92629-2739						

SUBTOTALS \$ \$ \$ summarized on Schedule D.

#### 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.)	NCURRED TOTALS \$	3804.36
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 \$	4271.71
	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-467.35

May be a negative number

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

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

Statem	ent covers period 20081001	CALIFORNIA 460
through	20081018	16 / 18
		LO NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lou Penrose for City Council 1308623

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services TSF PRO professional services (legal, accounting) LEG legal defense VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email) (a) (b) (d) (c) NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR AMOUNT INCURRED OUTSTANDING AMOUNT PAID OUTSTANDING DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E) ID: **CNS** 0.00 1000.00 3000.00 2000.00 Hart and Associates, LLC 1300 Bristol Street N

Suite 100 Newport Beach	CA	92660-2989					
Horizon Law Group, LLP 1920 Main Street Suite 210 Irvine	CA	ID: 92614-7223	PRO	9120.00	0.00	1000.00	8120.00
California Voter Guide 1954 W Carson Street Suite B Torrance	CA	ID: 90501-3218	LIT	1000.00	0.00	1000.00	0.00

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

#### Schedule F Summary

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.)  INC	CURRED TOTALS \$
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 \$
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 \$

SC	-	<b>_</b>		****	۲

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

\* Payments that are contributions or independent expenditures must also be

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

Statement covers period	CALIFORNIA 460
rom20081001	FORM 400
hrough20081018	17 / 18

fr t SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lou Penrose for City Council 1308623

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals FIL PHO phone banks 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 legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, email) PRT print ads

	SS OF PAYEE OR CREDITOR 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
Discover Card 2500 Lake Cook Road	ID:	СМР	86.06	0.00	0.00	86.06
	IL 60015-3851					

summarized on Schedule D.		13003.73 4	3004.30 ¥	4240.00 ¥	10200.10
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all Sched accrued expenses of \$100 or more, plus total unitemized accrued.)</li> </ol>			INCURRE	D TOTALS \$	
2. Total accrued expenses paid this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized paym	• • • • • • • • • • • • • • • • • • • •	•	PAI	D TOTALS \$	
3. Net change this period. (Subtract Line 2 from Line 1. Enter th on the Summary Page, Column A, Line 9.)				NET \$	negative number.

SUBTOTALS \$

13685 70 \$

3804 36 \$

12250 15

4240 00 \$

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

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

		SCH	EDULE (
Statement covers period		CALIFORNIA A	^^
from	20081001	FORM 4	60
through _	20081018	18 / 18	
		I.D. NUMBER	

y •					
SEE INSTRUCTIONS ON REVERSE		through	20081018	18 / 18	
AME OF FILER ou Penrose for City Council					
				1308623	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Amber Hall					

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 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 transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR	CODE OR DESCRIPTION OF PAYMENT	
US Postal Service 24551 Del Prado		ID:	POS		1235.99
Dana Point	CA 92629-3825				
		ID:			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1235.99