Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	a ink.	Date Stamp	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/19/2008 through12/31/2008	Date of election if applicable: (Month, Day, Year)	2009 JUN 33 A Feb. Z	Page 1 of 24  1: 0   For Official Use Only  11: 30 KWarel
1. Type of Recipient Committee: All Committees    Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     (Also Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee     Political Party/Central Committee     Politic	<ul> <li>Complete Parts 1, 2, 3, and 4.</li> <li>Primarily Formed Ballot Measure         Committee         Controlled         Sponsored         (Also Complete Part 6)</li> <li>Primarily Formed Candidate/         Officeholder Committee         (Also Complete Part 7)</li> </ul>	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ Spe ☐ Sup rmination) Stal	onv) orterly Statement ocial Odd-Ŷear Report oplemental Preelection tement - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT  Diane Harkey for Assembly	I.D. NUMBER 1294082 EE)	Treasurer(s)  NAME OF TREASURER  Betty Presley MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)  30151 Tomas  CITY STATE ZI  Bancho Santa Margarita, CA 92688  MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR F  24843 Del Prado, #284	O. BOX	30151 Tomas CITY  Rancho Santa Margarita, NAME OF ASSISTANT TREASURI		ODE AREA CODE/PHONE 949-858-7148
A1737	CODE AREA CODE/PHONE	OPTIONAL. FAX / E-MAIL ADDRE	STATE ZIP C	CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and revie under penalty of perjury under the laws of the State of Calification  Executed on	con con con con con con con con con	the treating	easurer ment or Responsible Officer of Sponsor a Measure Proponent	ales is true and complete. I certify

. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballot	Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		Implies	
Diane Harkey			A MALE OF DALLO I MENSURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI State Assembly Person Assembly District : 73	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 76 Ritz Cove Monarch Beach, CA 92629	CITY STATE ZIP		Identify the controlling office	eholder, candida	ate, or state measur	e proponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPO	NENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME Drane Harkey for Dana Point City Council	I.D. NUMBER 1264652					
NAME OF TREASURER Betty Presley	CONTROLLED COMMITTEE?  X YES NO	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeho for which this con	lder Committee nmittee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 30151 Tomas	BOX)		NAME OF OFFICEHOLDER OR CA	INDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP Rancho Sta Margarita, CA 92688	CODE AREA CODE/PHONE 949-858-7448		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER					D OFFOSE
Harkey for Assembly 2010	1314180		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO			OFF	THE SOUGHT OR MELD	SUPPORT OPPOSE
30151 Tomas	•					
CITY STATE ZIP	CODE AREA CODE/PHONE		Attach	continuation ch	eets if necessary	
Rancho Sta Margarita, CA 92688	949-858-7448		Allacii	community SH	ceis n necessary	

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

			SUMMARY PAGE
Staten	nent covers period	CALIFOR	NIA ACO
from	10/19/2008	FORM	4.00
through _	12/31/2008	Page 3	of 24
		I.D. NUMBER	3
		1294082	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Diane Harkey for Assembly Contributions Received Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 240,095.00 50,000.00 1/1 through 6/30 7/1 to Date 50,000.00 20. Contributions 290,095.00 Received 0.00 8,955.00 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_79,426.00 \$ \_\_\_ 21. Expenditures 299,050.00 Made **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made ...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) -7,848.29 27,173,80 10. Nonmonetary Adjustment ...... Schedule C, Line 3 Date of Election Total to Date 0.00 (mm/dd/yy) 8,955,00 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_14,877.23 To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above 79,426.00 amounts in Column A to the 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 corresponding amounts \*Amounts in this section may be different from amounts 0.00 from Column B of your last 15. Cash Payments ...... Column A, Line 8 above reported in Column B. report. Some amounts in 77,806.49 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 \$ Column A may be negative 16,496.74 figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_0.00 for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

	SCHEDULE.
CALIEORNI	4 400
FOE	4150
FUNIT	

Statement covers period

10/19/2008 SEE INSTRUCTIONS ON REVERSE through <u>12/31/2008</u> NAME OF FILER Diane Harkey for Assembly I.D. NUMBER 1294082

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER)	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)		RELECTION TO DATE REQUIRED)
10/30/2008	FGAE Corporation  77 Beale Street, 32nd Floor  San Francisco, CA 94105	□IND □COM ဩOTH □PTY □SCC	·	600.00	4,600.00	P 08 G 08	1,000.00 3,600.00
10/21/2008	AGL LLC 22020 Broderick Dr. Dulies, VA 20166	□IND □COM □OTH □PTY □SCC		500.00	500.00	G 08	560.00
	AT&T Inc. and its Affiliates  515 Market Street, Room 1908  San Francisco, CA 94105	□IND □COM ဩOTH □PTY □SCC		1,000.00	4,000.00	P 08 G 08	1,000.00 3,000.00
	Bank of America PAC (#990697)  600 Peachtree St., NE, 3rd Fl.  Atlanta, GA 30308  New Car Dealors Association PAC (#902797)	□IND □COM □OTH □PTY □SCC		1,000.00	2,000.00	P 08 G 08	1,000.00
	10065 Mesa Ridge Court San Diego, CA 92120	□IND  ICOM □OTH □PTY □SCC		2,000.00	3,000.00	G 08	3,000.00

SUBTOTAL \$ 5,100.00

#### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 29,326.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 3. Total monetary contributions received this period. 

IND - Individual COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

\*Contributor Codes

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

	to whole	dollars.	from10/19/2		LIFORN FORM	<sup>la</sup> 460
NAME OF FILER	TANKS TO SERVICE STATES		through <u>12/31/2</u>	008 Pag	e5_	_ of <u>24</u>
Diane Harkey for Assembly					NUMBER 94082	111111111111111111111111111111111111111
	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	İ	ER ELECTION TO DATE REQUIRED)
10/21/2008 Adancho Sierra Vista Corp.  31441 Avenida De La Vista  San Juan Capistrano, CA 92675  16/21/2008 Visa USA, Inc.	□IND □COM ☑OTH □PTY □SCC		1,500.00	3,000.0		1,500.00
P.O. Box 8999 San Francisco. CA 94138	□IND □COM □OTH □PTY □SCC		500.00	500.00	G 08	500.00
27071 Fronwess Dr. Laguna Hills, CA 92653		Commercial Banker Bank of America	250,00	250.00	G 08	250.00
10/23/2008 Mational Assn of Industrial & Office Properties/NAIOP FAC (#950520) 30151 Tomas Rancho Sta Margarita, CA 92688	C IND COM SOTH PTY SCC		1,000.00	1,000.00	G 08	1,000.00
10/23/2008 Orange Co Professional Firstighters Assn PAC (#950925)  1900 E. Warner Ave., Ste. G  Santa Ana, CA 92705	☐IND  IXCOM ☐OTH ☐PTY ☐SCC		1,000.00	2,800.00	P 08 G 08	1,800.00
		SUBTOTAL \$	4,250.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

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

SCHEDULE A (CO	ЭΝ	Ti
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Statement covers period

-		to whole	dollars.	Statement cov	ers period C	ALIFOR FORM	MA 460
NAME OF FILER				through <u>12/31/2</u>	:008 Pi	ige6	of24
Diane Harkey	for Assembly					D. NUMBER .294082	
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 ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/27/2008	Foreing Forein	□IND □COM ☑OTH □PTY □SCC		1,000.00	2,000.	00 P08 G08	1,000.00
10/27/2008	CCPOA PAC (#630349)  1415 L St., #410  Sactamento, CA 95814	□IND ☑COM □OTH □PTY □SCC		1,000.00	1,000.	00 G 08	1,000.00
10/27/2008	Local Societies of the CA Optometric Assn PAC (#950393) 2415 K St. Sacramento, CA 55814	□IND □COM □OTH □PTY ☑SCC		2,700.00	2,700.	00 G 08	2,700.00
,,,	Betsy Sprecher 14402 Sandbrook Dr. Tustin, CA 92780	⊠IND □COM □OTH □PTY □SCC	Owner Green Machine	100.00	100.0	00 G 08	100.00
	Sempra Energy 101 Ash St. San Diego, CA 90101	□IND □COM ③OTH □PTY □SCC		2,000.00	3,000.6	0 G08	3,000.00
WITH A STATE OF THE STATE OF TH			SUBTOTAL\$	6,800.00			

\*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

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONTA
JULIEDULE A	レスシハリモナ

CALIFORNIA

Statement covers period

				from10/19/2	(008	FORM	<sup>IIA</sup> 460
NAME OF FILER		·	1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880	through _12/31/2	1008 Pa	je <u>7</u>	_ of24
Diane Harke	y for Assembly				1	NUMBER	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE FREQUIRED)
10/31/2008	Nick dioras 25872 Dana Bluffs Dana Point, CA 92624	☑IND □COM □OTH □PTY	Executive Hidden Villa Ranch	100.00	100.0		100.00
16/31/2008	Kenneth L. Khachigian 501 W. Lobos Marinos San Clemente, CA 93672	☐SCC  IND  ☐COM ☐OTH ☐PTY	Attorney  Kenneth L. Khachigian,	250.00	250.0	P 08 G 08	750.00 250.00
10/31/2008	New Car Dealers Association PAC (#902797)  10065 Ness Ridge Court. San Diego, CA 92120	SCC IND COM OTH PTY	Esq.	1,000.00	3,000.0	G 08	3,000.00
10/31/2008	Pechanga Band of Mission Indians P.O. Box 1477 Temecula, CA 92593	SCC IND COM OTH PTY SCC		3,600.00	7,200.00	P 08 G 08	3,600.00 3,600.00
16/31/2008	Thomas B. Rogers  33 Andiamo  Newport Beach, CA 92657	⊠IND □COM □OTH	Commercial Banker City National Bank	500.00	500.00	G 08	500,00

SUBTOTAL\$

5,450.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded

SCHEDI	$\Pi \vdash \Delta$	(CONT)
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		to whole		Statement cov	ers period G.	ALIFORI FORM	<sup>VIA</sup> 460
NAME OF FILER				through <u>12/31/2</u>	008 Pa	ge8	of
Diane Harkey	for Assembly					NUMBER 294.082	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E P	ER ELECTION TO DATE F REQUIRED)
11/01/2008	Robert Nees 3125 Edith Lane San Diego, CA 92106	⊠IND □COM □OTH □PTY □SCC	Minister  Free Sacred Trinity Church	3,000.00	3,000.0	00 G08	3,000.00
11/04/2008	CA Trucking Assoc - Truck Unit PAC (#1238126) 3251 Beacon Bivd West Sacramento, CA 95691	□IND □COM □OTH □PTY □SCC		1,800.00	1,800.0	00 G 08	1,860.00
11/04/2008	Recording Industry Assn of America Inc (#943103)  1338 Counceticut Ave. NW, #300  Washington, DC 20036	□IND  ©COM □OTH □PTY □SCC		500.00	500.0	0 G 08	566.00
11/12/2008	CA Veterinary Medical Assn PAC (#771044)  1460 River Purk Dr., #100  Sacramento, CA 95815	□IND ICOM □OTH □PTY □SCC		125.00	1,625.0	0 P 08 G 08	1,000.00 625.00
	Carol A. Rudut P.O. Box 1841 Grange, CA 92856	□COM □OTH	Realtor Barrons Real Estate	500.00	600.0	D P08 G08	100.00
			SUBTOTAL\$	5,925.00	441		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

SCH	EDU	LE	A	(COI	VT :

The contributions Received		to whole		Statement covers period CALIF from 10/19/2008 FC			
NAME OF FILER				through <u>12/31/</u> 2	<u> 008                                  </u>	ıge <u> </u>	of
Diane Harkey	for Assembly		***************************************		1.1	D. NUMBER 294082	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE IF REQUIRED)
31/14/2008	Cal PT PAC (#780079) 1880 Gateway Oaks Dr., #140 Sacramento, CA 95833 Cameron M. Mangels	□IND ③COM □OTH □PTY □SCC	OF DUSINESS)	500.00		00 G 08	1,000.00
11/28/2008	13668 Chapman Ave. Garden Grove, CA 92840	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Web Consultant Mangels Co	100.00	100.4	00 G 08	100.00
11/28/2008	lvan M. Marks 21161 Poston Lm. Huntington Beach, CA 92546	□COM □OTH	Retired None	100.00	800.0	00 P08 G08	1,000.00
11/28/2988	Al Ramirez 1015 2nd St. Santa Monica, CA 90403	□сом □отн	Candidate US Senate	101.00	101.0	0 G08	101.00
	DMB Ladera, LLC P.O. Box 9 San Juan Capistrano, CA 92693	□IND □COM 図OTH □PTY □SCC		500.00	4,000.0	0 P 08 G 08	1,500.00
			SUBTOTAL \$	1,301.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Type or print in ink.

Amounts may be rounded

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NAME OF FILER		- WANTED TO A STATE OF THE STAT		through <u>12/31/2</u>	800	Page	10 of	24
	for Assembly						JMBER	
						129	1082	
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 ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	TOI	ECTION DATE DUIRED)
12/29/2008	RMV Community Development P.O. Box 9 San Juan Capistrano, CA 92693	□IND □COM ☑OTH □PTY □SCC		500.00	4,0	00.00	P 08 G 08	1,500.00 2,500.00
		□IND □COM □OTH □PTY □SCC						V/ 300 A
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC				414.4		
W. A			SUBTOTAL \$	500,00	- VAN			

\*Contributor Codes

IND -- Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule B – Part 1 Loans Received	Am	Type or print in nounts may be r to whole dolla	ounded		Statement co		SCH CALIFORM FORM	eduleb part
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through12/3	1/2008	_ Page11	2.1
Diane Harkey for Assembly	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						I.D. NUMBER	_ of
attack darkey for Assembly							1294082	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	I OK LOKGIVE	CLOSE OF THIS	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
Diane Harkey	Councilwoman	PERIOD	PERIOD	THIS PERIOD	PERIOD	PERIOD	LOAN	TO DATE
76 Ritz Cove				☐ PAID				CALENDAR YEAR
Monarch Beach, CA 92629	City of Dana Point			\$0.00	s 30,000.00	0.00% RATE	ss	\$ \$PERELECTION
<sup>†</sup> ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	30,000.00 \$	\$0.00		0,0	0 11/03/2008	FOS 1,961.4
Diane Harkey	Councilwoman				DATE DUE	V	DATE INCURRED	3 <b>6</b> 50, €2.0.1
76 Ritz Cove	Councilwoman			☐ PAID				CALENDAR YEAR
Monarch Beach, CA 92629	City of Dana Point			\$0.00	\$	0.00%	20,000.00	\$\$0.000.6
monarch beach, CA 92629				FORGIVEN		RATE		PERELECTION
TE IND COM OTH PTY SCC		\$	\$	\$0.00	DATE DUE	\$	0 12/05/2008 DATE INCURRED	958 1.941.6 36 <mark>8</mark> 50.600 0
				☐ PAID				CALENDAR YEAR
				\$	Ę	_0%%		
				FORGIVEN		RATE	\$	PERELECTION*
□ IND □ COM □ OTH □ PTY □ SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	50,000.00	0.00	\$ 50,000.00	\$ 0.00		
Schedule B Summary			STATE		1000000	(Enter (e) on		
Loans received this period (Total Column (b) plus unitemized loans	of less than \$100 \	484-44444-47147844-474	***************************************	\$	50,000.00	Schedule E, Line 3)		
2. Loans paid or forgiven this period			***************************************	\$	0.00	] 10	Contributor Codes ND – Individual OM – Recipient Cor	nmittee

3. Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 2.

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

\*\* If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

PTY - Political Party

(other than PTY or SCC)
OTH - Other (e.g., business entity)

# Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

WAME OF FILER	ey for Assembly				I.D. N	UMBER 4082
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
10/27/2008	State Assembly Person Assembly District : 25	Monetary Contribution Nonmonetary Contribution Independent Expenditure		3,600.00	3,600.0	
10/27/2008	Fack Sieglock State Assembly Person Assembly District : 10  X Support Oppose	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure		3,600.00	3,600.0	0 G 08 3,600.0
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
**************************************			SUBTOTAL \$	7,200.00		

#### Schedule D Summary

1	1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	7,200.00
2	2. Uniternized contributions and independent expenditures made this period of under \$100	•	
3	3. Total contributions and independent expenditures made this ported. (Add Live 4.1.5)	<b>\$</b>	0.00
	3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$	7,200.00

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Drame Harkey for Assembly	Type or prin Amounts may k to whole d	e rounde	e <b>d</b>	from	10/19/20 19h	008	CALIFO FOR	RM 40.
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fit candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MISH member commeetings and OFC office expensive petition circul phone banks POL polling and s POS postage, deli	munication d appearar ses ating urvey rese very and r	s aces	RAD RFD SAL TEL TRC TRS STAR TO THE TRS TO THE TRS TO THE TRS	radio airtime and returned contribio campaign worke l.v. or cable airtin candidate travel, staff/spouse trav	d production coutions ers' salaries me and product lodging, and n el, lodging, an n committees of	ction costs neals id meals of the sam	ne candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT	-		AMOUNT PAID
The Monaco Group, inc.  14:52 Franklin Ave., Unit B Tustin, CA 52780		LIT						11,775.00
CompleteCampaigns.com  1625 Karfin kd., 3rd Pl. San Diego, CA 92123		OFC		m na mada a mananananananananananananananananana	THE TAXABLE PARTY OF THE PARTY			24,38
The Monaco Group, Inc.		LIT						6,570.99
14152 Pranklin Ave., Unit B Tustin, CA 92780								
* Payments that are contributions or independent expenditures n	nust also be summa	rized on	Schedule D.			SURT	OTAL \$	10 220 27

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.)

5. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

77, 736, 49

70, 00

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70, 00

Schedule E Summary

#### Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E (	CONT
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Payments Made	Amounts may be rounded to whole dollars.		Stater	nent covers period 10/19/2008	CALIFO FOR	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through_	12/31/2008	Page	14 of 24
Diane Harkey for Assembly						LD. NUME	
CODES: If one of the following codes accurately descriptions campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* cavic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s	munications d appearance ses lating survey reseal very and me	98	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	scribe the paymer or airtime and productions or contributions or cable airtime and productions or cable airtime and producte travel, lodging, affspouse travel, lodging sfer between committeer registration or capies or contribution or capies or contribution or capies	on costs  es roduction costs and meals g, and meals ees of the san	s ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER) Foderal Express		CODE	OR DES	CRIPTION OF	PAYMENT		AMOUNT PAID
Payment Center Memphis, IN 39101		POS					54.82
The Monace Group, Inc.				· · · · · · · · · · · · · · · · · · ·			
14352 Franklin Ave., Unit B Tustin, CA 92780		LIT				Adding	8,115.00
CompleteCampaigns.com							THE PROPERTY OF THE PROPERTY O
3625 Ruifin Rd., 3rd Fl. San Diego, CA 92123		OFC					7.50
Pederal Express			A TOWN				APANON.
Paymont Center Momphis, TN 38101		POS					24.00
Political Data Inc.				711/2	All Control of the Co		
PO BUX 1706 outbank, CA 91507		LIT					680.35
Payments that are contributions or independent expenditures must	also be summarized on S	shodul- D	AM AND				
	we sammanized on S	onedule D.			SU	BTOTAL \$	8,881.67

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

Type or print in ink.
Amounts may be rounded

	SCHEDULE	E	(CONT
The same of the sa	COLUMN DESCRIPTION OF THE PROPERTY OF THE PROP	-	

Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA A CO
aymonts made	to more donars.	from 10/19/2008	FORM 460
EE INSTRUCTIONS ON REVERSE AME OF FILER		through 12/31/2008	Page 15 of 24
Diane Harkey for Assembly			I.D. NUMBER
ODES: If one of the following codes accurate	ely describes the payment, you may enter the code. Other		1294082
and the state of t	ery describes trie payment, you may enter the code. Other	envise describe the naves	

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications meetings and appearances office expenses PET petition circulating may enter the code. Otherwise, describe the part and provided member communications RAD radio airtime and provided meetings and appearances RED returned contribution contribution circulating RAD radio airtime and provided meetings and appearances RED returned contribution circulating RAD returned contribution circulating RAD radio airtime and provided meetings and appearances RED returned contribution circulating RAD radio airtime and provided meetings and appearances RED returned contribution circulating returned circulation re	roduction costs ins salaries
FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)  POT rolling and survey research TRS staff/spouse travel, transfer between conditions to the condition of	and production costs dging, and meats lodging, and meats parmittees of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE		THE Information technology costs (internet, e-mail)				
UF COMBITTEE, ALSO ENTER 11) NIEWSERS	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
Political Data Inc.			AWOUNT FAID			
PO Box 1706						
Burbank, CA 91507						
Survey, CA 31507	LIT		576.86			
			2,6,69			
Lauryn Pacciano						
33791 Violet Lantern Street, #8						
bana Point, CA 92629	CNS		3,000.00			
CompleteCampaigns.com						
3825 kuriin kd., 31d Fl.	OFC					
Nati Diego, CA 92123	OFC.		225.00			
Federal Express						
•						
Payment Center						
Memphis, TN 38101	POS		136.20			
betry Presicy & Associates, Inc.						
· · · · · · · · · · · · · · · · · · ·						
30251 Tomas	PRO					
Rancho Sta Margarita, Ch 92688	-1.0		900.00			
* Payments that are contained			i			

#### Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E (CONT	T	ON	C(	(1	E	E	H	ι.	D	E	Н	C	S
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(Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do	e rounded		from throu	30.	vers period /19/2008 /31/2008		Alegon (Constant) of the Constant of the Const
NAME OF FILER  Diane Harkey for Assembly							- Page	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CMP campaign paraphernalia/misc.  campaign consultants contribution (explain nonmonetary)*  civic donations  Fil. candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  legal defense campaign literature and mailings	MTG meetings and OFC office expen PET pelition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ises lating curvey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtir returned o campaign t.v. or cabi candidate staff/spous transfer be voter regis	ne and product ontributions workers' salar e airtime and p travel, lodging, se travel, lodging elween commit stration	ent, lion costs ries production costs and meals	s ne candidate/sponso
NAME AND ADDRESS OF PAYEE (#F COMMMITTEE ALSO ENTER ID NUMBER) Betty Precioy & Associates, Inc.		CODE	OR DE	SCRIPTION	OF PAYME	NT		AMOUNT PAID
38151 Tomas Rancho Sta Margarita, CA 92688		PRO						997.50
Gilliard Blanning Associates Inc.					The second but			The state of the s
921 11th Street, Suite 400 Saciamento, CA 95814		LIT						3,150.00
The Monaco Group, Inc.								
14/50 Franklin Ave., Unit B Tustin, CA 92780		LIT						7,685.98
The Monaco Group, Inc.					The same of the sa			
14352 Franklin Ave., Unit B Tustin, CA 92780		LlT						14,142.71
Wemby Warfield's Associates								
921 llth St., #701 Sacramento, CA 95514		CNS						1,000.00
Payments that are contributions or independent expenditures must als	so be summarized on So	chedule D		1000				
						S	UBTOTAL \$	26,976.19

# Schedule E

Type or print in ink.

SCHE	DULE	E (C	ONT

Payments Made	Amounts may b to whole de	e rounded		from		overs period	(C)-1	.IFORN FORM	<sup>IA</sup> 4.60
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh13	/31/2008	Pag	je <u>17</u>	of24
Diane Harkey for Assembly								NUMBER	<del></del>
CODES: If one of the following sades							12	94082	
CODES: If one of the following codes accurately described campaign paraphemalia/misc.  campaign consultants contribution (explain nonmonetary)* civic donations  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ises lating s survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airti returned campaigr t.v. or cat candidate staff/spou transfer b voter regi	me and prod contributions i workers' sa ple airtime an travel, lodgii se travel, lod etween comi stration	uction costs laries id production ig, and meats laing, and me	als same ca	andidate/sponsc
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER) Jeffrey Corless		CODE	OR	DESCRIPTIO					MOUNT PAID
2362 Sunningdale Drive lustin, CA 92782 Mitchell Land Improvement Co, Inc.		CNS							3,125.00
19401 Dana Point Harbor Drive #200 Dana Point, CA 92629		OFC							1,600.00
Mitchell Land Improvement Co, Inc.									
24901 Dann Point Harbor Drive #200 Dana Point, CA 92629		OFC							2,000.00
Lauryn Picciano									
31791 Violet Lantern Street, #B Dana Point, CA 92639		CNS							3,000.00
setty Presley & Associates, Inc.									
Outli Tomas Kancino Sta Margarita, CA 92688		PRO							900.00
Payments that are contributions or independent expenditures must also	ho summer in the		A STATE OF THE STA	VIII.		11 11 11 11 11 11 11 11 11 11 11 11 11			VIIIIIIA
,	oc summarized on Si	cnedule D.					SUBTOTAL	. \$	10,025.00

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHE	DU	LE	Ε	(CON	T	
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CALIFORNIA A CO

Statement covers period

r dyments wade	to whole di	mars.		from	10/19/2008	FOR	RM 400.
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	12/31/2008	- Page	1.8 of24
Diane Harkey for Assembly						I.D. NUME	
						129408	32
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal detense campaign literature and mailings	MFR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear very and me services (leg	ch ssenger services al, accounting)	RAD radio RFD return SAL camp TEL t.v or TRC candid TRS staff/s TSF transf VOT voter	airtime and product ned contributions aign workers' salar cable airtime and p date travel, lodging, spouse travel, lodging	ion costs fes production costs and meals ng, and meals tees of the san	ne candidate/sponsor
(IF COMMITTEE ALSO ENTER) D NUMBER) Bank of Americard		CODE	DR DESC	RIPTION OF PA	YMENT		AMOUNT PAID
Payment Center/PC Box 15715 Wilmangton, DE 19886		PRT					900.00
Bask of Americand  Payment Center/PC Box 15715  Wilmington, DE 19806			Berryhill Donation				3,600.00
bask of Americard							
Payment Center/PC Rox 15715 Wilmington, DE 19886			Sieglock Contribut	ion			3,600.00
Bank Of Americard							
Payment Center/FO Box 15715 Wilmington, DE 19886		TRC					510.61
Federal Express							
Payment Center Memphis, TN 18101		POS					34.59
Payments that are contributions or independent expenditures must also	he summarized o- S	shadul- n	AND WASHINGTON TO THE PROPERTY OF THE PROPERTY		Allow Allows		
	oc sammanzed on 5	cneaule D.			S	UBTOTAL \$	8,645.20

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

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA / CO
n 10/19/2008	FORM 400
	1

SCHEDULEE

to whole dollars. fron SEE INSTRUCTIONS ON REVERSE through \_\_\_12/31/2008 NAME OF FILER Page 19 of 24 Diame Harkey for Assembly LD. NUMBER 1294082 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications CNS campaign consultants radio airtime and production costs meetings and appearances CTB contribution (explain nonmonetary)\* returned contributions office expenses CVC civic donations campaign workers' salaries PET petition circulating FIL candidate filing/ballot fees t.v. or cable airtime and production costs РНО phone banks fundraising events candidate travel, lodging, and meals polling and survey research independent expenditure supporting/opposing others (explain)\* ND TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services LEG legal defense transfer between committees of the same candidate/sponsor TSF professional services (legal, accounting) campaign literature and mailings VOT voter registration PRT print ads information technology costs (internet, e-mail) WEB NAME AND ADDRESS OF CREDITOR (a) (d) CODE OR (c) (IF COMMITTEE, ALSO ENTER LD NUMBER) (d) OUTSTANDING AMOUNT INCURRED DESCRIPTION OF PAYMENT AMOUNT PAID OUTSTANDING BALANCE BEGINNING THIS PERIOD THIS PERIOD **BALANCE AT CLOSE** Wendy Warfield & Associates OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD CNS 1,000.00 1,000.00 951 lith St., #701 0.00 Sacramento, CA 95814 The Monaco Group, Inc. LIT 14,142.71 14,142,71 14352 Franklin Ave., Unit B 0.00 Tustis, CA 92780 The Monaco Group, Inc. 6,570.99 0.00 6,570.99 14552 Franklin Ave., Unit B 0.00 Tustin, CA 92780 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 21,713.70 \$ 0.00\$ 21,713,70\$ 0.00 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 uniterpized accrued expenses with a subtotals for	
2.	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	17,615.41
3.	accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	24,863.70
	Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	
	NET \$ _	-7,846,29
	M	ay be a negative number

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

NAME OF FILER

Diane Harkey for Assembly

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

SC.		r-	F>						_	~		-	ı
71.0	П	Ε	1.3	ιı	4	ę	P	E 4		ŧ 3	W	ŧ	

Stater	nent covers period	CALIFORNIA A CO
from	10/19/2008	FORM 400
through _	12/31/2008	Page 20 of 24
		I.D. NUMBER
		1294082

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID 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
The Monaco Group, Inc.  14:53 Franklin Ave., Unit B Tusbin CA 92780	LIT	10,158.39	0.00	0.00	10,158.39
Gilliand Blanning Associates Inc. 901 lith Street, Suite 400	LIT	3,150.00	0.00	3,150.00	0,00
Sacramento CA 95814 Gilliard Bianning Associates Inc.					
921 13th Street, Swite 460 Sacramento CA 95814	LIT	0.00	1,100.00	0.00	1,100.00
kendy Wartield & Associates	- Name -		- W		
921 ilth St., #701 Saciamento CA 95814	OFC	0.00	7.15	0.00	7.15
	SUBTOTALS \$	13,308.39	1,107.15 \$	3,150.00\$	11,265.54

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

NAME OF FILER

Diene Harkey for Assembly

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT)

Statement covers period	CALIFORNIA ACO
from <u>10/13/2008</u>	FORM 40U
through 12/31/2008	Page 21 of 34
	I.D. NUMBER
	1294082

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER   D NUMBER) Wendy Warfield & Associates	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
931 lith Jt., #701 Sacramento CA 95814	CNS	0.00	1,011.26	0.00	1,011.26
Orlinsia Blanning Associates Inc.  921 lith Street, Suite 400 Saciemento CA 95814	CNS	0.00	1,500.00	0.00	1,500.00
Wendy Warfield & Associates  v21 11th St., 8701 Sattamento CA 95814	CNS	0.00	3,397.00	0.00	3,397.00
Gilliata blanning Associates Inc. 901 lith Street, Suite 400	CNS	0.00	10,000.00	0.00	
Sucramento CA 95814				0.00	10,000.00
	SUBTOTALS \$	0.00 \$	15,908.26 \$	0.00\$	15,908.26

# 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.

State	ment covers period	CALIFORNIA
from	10/19/2008	FORM 460
through	12/31/2008	Page22 of24

1.D NUMBER 1294082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Drane Harkey for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of Americand

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 CNS campaign consultants RAD radio airtime and production costs MTG meetings and appearances contribution (explain nonmonetary)\* RFD returned contributions CTB office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FiL candidate filing/ballot fees PHO phone banks FND fundraising events TRC

ND independent expenditure supporting/opposing others (explain)\*

POL polling and survey research postage, delivery and messe

legal defense PRO postage, delivery and messenger services professional services (legal, accounting) PRT print ads

TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the committees.

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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	ALCHAIT
Bill Berrynill for Assembly (#1391443) 3201 W benjamin Holt #138	CIB		AMOUNT PAID
Stockton CA 95210			
Sieglock for Assembly (#1296637)	CTB		3,600.00
FO Box 438 Lod: CA 9524:			
Sheraton Grand Sacramento	TRC	11/7 Candidate Lodging and	
230 J Street		Meetings with Consultant regarding post election budget	514.51
TO MICHOLO CA 93314			
Hoop additional info			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

7,714.51

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period m 10/19/2008 CALIFORNIA 460

through 12/31/2008

age 23 of 24

I.D. NUMBER 1294082

NAME OF FILER
Drame Harkey for Assembly

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gillard blanning Associates Inc.

CODES: If one of the following codes assureth the state of the following codes assure the state of the following codes assure the state of the following codes assure the state of the following codes assured to the following codes assured to the following codes as a state of the following	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwi	se, describe the navment

e, describe the payment. campaign paraphernalia/misc. MBR member communications campaign consultants RAD radio airtime and production costs MTG meetings and appearances CTB contribution (explain nonmonetary)\* returned contributions office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FiL candidate filing/ballot fees t.v. or cable airtime and production costs TEL PHO phone banks FND fundraising events TRC candidate travel, lodging, and meals

tundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
IND campaign literature and positions

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

LIT campaign literature and mailings PRT professional services (legal, accounting) VOT voter registration

+-WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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	110011
Layne Grapines	T T (T):		AMOUNT PAID
Bull Old Ranch Road	LIT		1,100.0
Citrus Heights CA 95610			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,100.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Type or print in ink.

Amounts may be rounded to whole dollars.

State	ment covers period	CALIE	:OPVI	7		
from	10/19/2008	FG	ORM ORM	A (	4(3)	
through	12/31/2008	Page	24	of	24	
		I.D. NUM	BER			

1294082

SEE INSTRUCT			

NAME OF FILER

Diame Barkey for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Monaco Group, Inc.

CODES: If one of the following codes accurately descri	bes the payment you may enter the code	Othornia
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 LTT campaign literature and mailings  * Payments that are contributions.	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 L.v. or cable airtime and production costs TRC candidate travel, lodging, and means

<sup>\*</sup> 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	A1(C) (A1)
US Postmaster	LIT	THE THE PERSON OF THE PERSON O	AMOUNT PAID
Wair Staticu	4-13. 1		11,775.0
lesion Viejo CA 52692			
5 Postmaster			
ain Station	LIT		8,115.00
ission Viejo CA 92692			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

19,890.00

<sup>\*</sup> 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.