COVER PAG	

Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp	200	ORNIA 460 ORM
	Statement covers period from 10/19/2008	Date of election if applicable: (Month, Day, Year)	the second of the	Street Land	1 / 26 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2008			2:25	
1. Type of Recipient Committee: All Commi		2. Type of Stateme	ent: 🛴 🚬	TOUR TOUR	, , , , , , , , , , , , , , , , , , , ,
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	☐ Pre-election State ☐ Semi-annual State ☐ Termination State ☐ Amendment (Expl	ement ment	☐ Special Ó ☐ Suppleme	Statement ldd-Year Report ental Preelection It - Attach Form 495
3. Committee Information	I.D.NUMBER 1308623	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Lou Penrose for City Council	E	NAME OF TREASURER Kelly Lawler		-	
STREET ADDRESS (NO P.O. BOX) 34206 Doheny Park Road		MAILING ADDRESS 976 Pacific Avenue			
	4-1111 (949) 201-6171	CITY Willows NAME OF ASSISTANT TREASU	STATE CA	ZIP CODE 95988-9788	AREA CODE/PHONE (530) 934-5823
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	TO MILE OF MODIOTARY TRANSPO	ACI, II ANI		
CITY STATE ZIP CO	DE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX/E-MAIL ADDRE	SS		
Executed on By By Executed on By By	SIGNATURE OF TREASURER OF A SIGNATURE OF TREASURER OF A SIGNATURE OF CONTROLLING OFFICEHOLDER,	ASSISTANT TREASURER ASSISTANT TREASURER MEASURE PROPONENT OR RESPONSIBLE CANDIDATE, STATE MEASURE PROPONENT	officer of sponsor	FPPC I	Form 460 (January/05)
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER.	CANDIDATE, STATE MEASURE PROPONENT		FPPC Toll-Free He	ipline: 866/ASK-FPPC State of California

COVER PAGE - PART 2

CALIFORNIA 460

2/26

NAME OF OFFICEHOLDER OR CANDIDATE Lou Penrose (aka Luigi Rossetti, Jr.)		NAME OF BALLOT MEASURE				, , , , , , , , , , , , , , , , , , , ,
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Sought: City Council Member City Dana Poi	·	BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling offi	ceholder, cand	lidate, or state me	easure propo	nent, if any.
34206 Doheny Park Road	Capo Beach CA 92624-1111	NAME OF OFFICEHOLDER, C			1	
Related Committees Not Included in this Stanot included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your cand	re primarily formed to receive	OFFICE SOUGHT OR HELD		Di	ISTRICT NO. IF	FANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima	Committe	C List names of	officeholder(s	or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
CITY STATE ZIP	CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.E	BOX)					☐ OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE	Attac	h continuation	sheets if necess	ary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

FORM

Statement covers period

20081019

20081231 3/26through ... SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lou Penrose for City Council 1308623 Calendar Year Summary for Candidates Contributions Received Column A Column B TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 1. Monetary Contributions 9421.00 \$ Schedule A, Line 3 29101.50 Loans Received 0.00 1/1 through 6/30 7/1 to Date Schedule B. Line 7 .0.00 20. Contribution SUBTOTAL CASH CONTRIBUTIONS..... 9421.00 s Add Lines 1 + 2 29101.50 Received Nonmonetary Contributions 554.71 1031.30 Schedule C. Line 3 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED..... 9975.71 s 30132.80 Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made 13211.81 s 27435.93 Candidates Schedule E, Line 4 7. Loans Made 0.00 0.00 Schedule H, Line 7 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS..... 13211.81 s 27435.93 Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) -3995.15 Schedule F, Line 3 9255.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment 554.71 Schedule C, Line 3 1031.30 11. TOTAL EXPENDITURES MADE..... 9771.37 s 37722.23 Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 5456.38 To calculate Column B, add amounts in Column A to the 13. Cash Receipts 9421.00 Column A. Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 0.00 report. Some amounts in *Amounts in this section may be different Cash Payments 13211.81 Column A, Line 8 above Column A may be negative from amounts reported in Column B. 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be 1665.57 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts, if this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any), 18. Cash Equivalents 0.00 See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above 9255.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

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

Statement covers period

Monetary Contributions Received		to	whole dollars.	Statement cov	81019	CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 200	81231	4	1/26
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 YEA (JAN. 1 - DEC. 3	DATE AR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 11/03/2008	Mr. Stephen P Renock IV 18541 Rosenau Drive Villa Park CA 92861-2843 ID:	X IND □ COM □ OTH □ PTY □ SCC	Executive Vice President Schools First Federal Credit Union	100.00	100.00		
Rcpt Dt: 12/03/2008	Genevieve C Elefante 10895 Turnleaf Lane Tustin CA 92782-4342		Platinum Storage/Storage Direct Sales	100.00	100.00		
Rept Dt: 10/23/2008	Lee M Lowrey 2320 3rd Avenue Corona Del Mar CA 92625-2028 ID:		Real Estate Investments Self Employed - Lee Lowrey	150.00	199	.00	
Rcpt Dt: 12/01/2008	Makar Management LLC 4100 Macarthur Boulevard Suite 200 Newport Beach CA 92660-2064 ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		630.00	630	.00	
Rcpt Dt: 11/04/2008	CR & R Incorporated 11292 Western Avenue Stanton CA 90680-2912 ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		630.00	630.	.00	
			SUBTOTAL	\$			
(Include all	Summary eived this period - itemized monetary contrit Schedule A subtotals.)	••••••			COM		
3. Total moneta	ary contributions received this period. 1 and 2. Enter here and on the Summary Pa				PTY SCC	- Political	Party ontributor Committee

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

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

SCHEDULE A

Statement covers period

Monetary	Monetary Contributions Received			o whole dollars.		20081019 CAL		ALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE				through 200	0081231		5 / 26	
NAME OF FILER Lou Penrose fo	or City Council						I.D. Nu		
DATE RECEIVED	AND ZIP CO	E, MAILING ADDRESS DDE OF CONTRIBUTOR TEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/01/2008	Joseph T Cook 508 Carnation Avenu Corona Del Mar ID:	ue CA 92625-2024	X IND COM OTH PTY SCC	Retired	100.00	100.00			
Rcpt Dt: 12/01/2008	Jay Witzling 100 Capeberry Irvine ID:	CA 92603-4221	X IND COM OTH PTY SCC	Retired n/a	50.00				
Rept Dt: 12/03/2008	Chandra Chell 24321 El Pilar Laguna Niguel ID:	CA 92677-3506	X IND COM OTH PTY SCC	System Analyst General Dynamics	49.00	148	3.00		
Rept Dt: 11/03/2008	Douglas C Wride 2052 Burnt Mill Road Tustin ID:	CA 92782-8600	X IND COM OTH PTY SCC	Manager Websense, Inc.	100.00	100	0.00		
Rept Dt: 11/04/2008	B.I.A. of Southern Ca 1330 Valley Vista Dri Diamond Bar ID: 741733	alifornia ve CA 91765-3910	IND COM OTH PTY SCC		250.00	250	0.00		
				SUBTOTAL :	\$				
Include all ! Amount rece?. Total moneta!	eived this period - item Schedule A subtotals. eived this period - unite ary contributions recei	emized contributions of less	s than \$100	\$ \$ TOTAL \$		IND COM OTH PTY	(other I - Other I - Political	ual ent Committee than PTY or SCC)	

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

SCHEDULE A

Monetary Contributions Received			o whole dollars.	Statement cov	CALII		LIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through 200	081231		6 / 26		
NAME OF FILER Lou Penrose fo	or City Council					I.D. Nu	ımber		
		<u> </u>			I	1308	623		
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	CALENDAR YEAR (JAN. 1 - DEC. 31)		(JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 12/03/2008	Ariana Hall 34206 Doheny Park Road Dana Point CA 92624-1111 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor/Broker Hall & Associates, Inc.	20.00	120.00				
Ropt Dt: 10/30/2008	Peter J Pellizzon 100 Bayview Circle Suite 500 Newport Beach CA 92660-8903 ID:	X IND COM DTH PTY SCC	Investment Advisors Hollencrest Capital Mgmt	250.00	250.00				
Rept Dt: 12/01/2008	Bishop Enterprises, Inc. 34016 Selva Road Unit 31 Dana Point CA 92629-3760 ID:	IND COM OTH PTY SCC		100.00	19	9.00			
Rept Dt: 12/03/2008	Joseph S Schoeffel 24361 Taxco Drive Dana Point CA 92629-1330 ID:	X IND COM OTH PTY SCC	Lawyer Integrated Healthcare Holdings	400.00	40	0.00			
Rept Dt: 11/03/2008	Edward A Loseman 2373 W 228th Street Torrance CA 90501-5328 ID:	X IND COM OTH PTY SCC	Investor Self Employed	630.00	63(0.00			
			SUBTOTAL S	b	and the organization				
Include all ? Amount rece ?. Total moneta	Summary sived this period - itemized monetary contributions Schedule A subtotals.) sived this period - unitemized contributions of less ary contributions received this period. I and 2. Enter here and on the Summary Page, C	than \$100	\$		OTH PTY	othei 1 - Other ′ - Politica	ual ient Committee r than PTY or SCC)		

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA 1 to whole dollars. 20081019 **FORM** 20081231 7/26 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER 1.D. Number Lou Penrose for City Council

	1308623					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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 12/03/2008	Capata & Co 28202 Cabot Road Laguna Niguel CA 92677-1222	IND COM OTH PTY		100.00	200.00			
	ID: 32077*1222	scc						
Rept Dt: 11/04/2008	Jay Witzling 100 Capeberry	IND COM OTH	Retired n/a	50.00	100.00			
	Irvine	Scc	100					
Rcpt Dt: 11/04/2008	Todd Rustman 660 Newport Center Drive Suite 770 Newport Beach CA 92660-8027 ID:		Owner GRCAM/Levends	300.00	300.00			
Rept Dt: 12/03/2008	Paule Consulting, Inc. 40335 Winchester Road # E-165 Temecula CA 92591-5518 ID:	IND COM OTH PTY SCC		200.00	200.00			
Rcpt Dt: 11/03/2008	Marcia A Gaboury 34 Callender Court Laguna Niguel CA 92677-4760 ID:		Real Estate Consultant Gaboury Co.	200.00	200.00			
SUBTOTAL \$								

Schedule A Summary

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

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

ΗEDΙ	

Statement covers period

wonetary Contributions Received		to	o whole dollars.	E .	Statement covers period om 20081019		CALIFORNIA 460	
SEE INSTRUCTIO	DNS ON REVERSE			through 200	81231	8 / 26		
NAME OF FILER	an Cit. Coursell					I.D. Nu	mber	
Lou Peniose i	or City Council					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.	DATE	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/01/2008	Emanual Shaoulian, M.D., Inc. 3300 W Coast Highway Newport Beach CA 92663-4007 ID:	IND COM OTH PTY SCC		250.00	250.00			
Rept Dt: 11/04/2008	Nossaman, LLP 18101 Von Karman Avenue Suite 1800 Irvine CA 92612-0177 ID:	IND COM SOTH SCC		300.00	300.00			
Rept Dt: 12/03/2008	John R Grosklags 2591 Ballew Court NE Marietta GA 30062-4424 ID:	X IND COM OTH PTY SCC	Sales Home Depot	50.00	100	00.00		
Rcpt Dt: 12/03/2008	Lee M Lowrey 2320 3rd Avenue Corona Del Mar CA 92625-2028 ID:	X IND COM OTH PTY SCC	Real Estate Investments Self Employed - Lee Lowr- ey	49.00	199	0.00		
Rcpt Dt: 11/04/2008	South Coast Apartment Association 980 9th Street Suite 200 Sacramento CA 95814-2721 ID: 745208	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500	.00		
- 100 A 100			SUBTOTAL S					
. Amount reco (Include all . Amount reco . Total monet	A Summary eived this period - itemized monetary contributions Schedule A subtotals.) eived this period - unitemized contributions of less ary contributions received this period.	than \$100	·····\$ <u> </u>		OTH	(other - Other - Political	Jal ent Committee than PTY or SCC)	
(Add Lines	1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1.)	TOTAL \$		[SCC	- Small C	contributor Committee	

Type or print in ink.
Amounts may be rounded

SC	T 1 3 1	-	٨
	 1) 1 1		А

Monetary Contributions Received		to	whole dollars.	Statement coverage from 2008	CALI		form 460	
SEE INSTRUCTION	NS ON REVERSE			through 2008	hrough 20081231 9 / 26			
NAME OF FILER Lou Penrose fo	or City Council			1.		I.D. Nur	nber	
	I Sty Joseph Street	·				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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 11/04/2008	Morgan Davis 10 Whalers Bluff Newport Coast CA 92657-2136 ID:		Retired n/a	200.00	200.00			
Rcpt Dt: 12/01/2008	Carios Olvera 24901 Danafir Dana Point CA 92629-3153 ID:	X IND COM OTH PTY SCC	Retired n/a	100.00	200.00			
Rcpt Dt: 10/21/2008	Penny Maynard 32742 Pointe Sutton Dana Point CA 92629-1187 ID:	X IND COM OTH PTY SCC	Consultant Dana Beach Tourism Consulting	100.00	100	0.00		
Rcpt Dt: 10/24/2008	Doy B Henley 14251 Mimosa Lane Tustin CA 92780-2334 ID:	X IND COM OTH PTY SCC	CEO Henley Properties, Inc.	300.00	300	0.00		
Rcpt Dt: 12/01/2008	Mr Clifford R Anderson 33381 Cockleshell Drive Dana Point CA 92629-4448 ID:	X IND COM OTH PTY Scc	Retired n/a	50.00	150	0.00		
THE PROPERTY OF THE PROPERTY O			SUBTOTAL S	S	197			
Include all. 2. Amount rece 3. Total moneta	A Summary Evived this period - itemized monetary contributions Schedule A subtotals.) Evived this period - unitemized contributions of less ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	s than \$100	\$		OTH PTY	(other H- Other ′ - Politica	ual ient Committee than PTY or SCC)	

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

SCHEDULE A

Statement covers period

Monetary Contributions Received		to	o whole dollars.	from 200	20081019 CALIFORNI/ FORM		ORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE				through 200	81231		10/26
NAME OF FILER Lou Penrose for	or City Council						I.D. Nun	
DATE RECEIVED	AND ZIP CODE	AILING ADDRESS OF CONTRIBUTOR 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) 200.00		PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 12/01/2008	MPDSE, Inc. 24849 Del Prado Dana Point CA ID:	92629-2853	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Ur addiness)	200.00			
Rept Dt: 11/04/2008	Patricia A Vidovich 20 Charlotte Irvine CA ID:	92603-3449	X IND COM OTH PTY SCC	Owner Interior Design Solution-s	150.00	150.00		
Rcpt Dt: 11/03/2008	Terry M Johnsen 19642 County Lane Santa Ana CA ID:	92705-1406		Owner Trusteecorps	300.00	300.00		
Rcpt Dt: 10/27/2008	Desert Friends of Jim Ba 5041 La Mart Drive Suite 110 Riverside CA ID: 1285699		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100	.00	
Rcpt Dt: 11/03/2008	Jo Ann Coulter 5 Windsor Irvine CA ID:	92620-6209	X IND COM OTH PTY SCC	Homemaker n/a	100.00	100	.00	
				SUBTOTAL	3		M(100)	
(Include all 2. Amount rece 3. Total monet	eived this period - itemize Schedule A subtotals.) . Pived this period - unitemi ary contributions received	zed contributions of les	s than \$100	\$ <u></u>		OTH PTY	(other - Other - Political	al ent Committee than PTY or SCC) Party
(Add Lines	1 and 2. Enter here and c	on the Summary Page, (Column A, Line 1.)	TOTAL \$		SCC	- Small Co	ontributor Committee

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

SCHEDULE A

Statement covers period

Monetary Contributions Received		to	to whole dollars.		ers period 81019	CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 200	81231	11 / 26	
NAME OF FILER Lou Penrose fo	or City Council					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 YEAR (JAN. 1 - DEC. 3	DATE PER ELECTION AR TO DATE	
Rcpt Dt: 12/22/2008	Tom Harman For Senate 2008 2150 River Plaza Drive Suite 150 Sacramento CA 95833-4131 ID: 1277569	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		630.00	630	.00	
Rept Dt: 12/03/2008	Mr. Craig P Alexander 33018 Christina Drive Dana Point CA 92629-1040 ID:	X IND COM OTH PTY SCC	Attorney Law Offices of Craig P. Alexander	50.00	150	.00	
Rcpt Dt: 12/01/2008	Diane K Hall 26411 Palisades Drive Capo Beach CA 92624-1718 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Hall & Assocaites, Inc.	100.00	600.	00	
Rept Dt: 12/03/2008	Sally Cirino 27495 Hidden Trail Road Laguna Hills CA 92653-5875 ID:	X IND COM OTH PTY SCC	Business Owner Adiva Technology	100.00	100.	00	
Rept Dt: 10/22/2008	Millie Riff 2 Lessay Newport Beach CA 92657-1060 ID:	IND COM OTH PTY SCC	Registered Nurse Self-Mille Riff	100.00	100.	00	
			SUBTOTAL	•			
Include all ? 2. Amount rece 3. Total moneta	Summary eived this period - itemized monetary contribution Schedule A subtotals.) eived this period - unitemized contributions of less ary contributions received this period. I and 2. Enter here and on the Summary Page, C	s than \$100	\$ <u></u>		IND COM	ributor Codes - Individual - Recipient Committee (other than PTY or SCC) Other Political Party Small Contributor Committee	

Schedule A

Type or print in ink.

SCHEDULE A

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 20081019		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 200	81231		12 / 26
NAME OF FILER Lou Penrose fo	or City Council					I.D. No	
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)
Rept Dt: 12/22/2008	Julene K Pickard 23832 Medinah Lane Laguna Niguel CA 92677-2450 ID:		Owner JP & Asssociates	100.00	100	0.00	
Rcpt Dt: 11/03/2008	Norman A Tanber 25 Saint John Monarch Beach CA 92629-4128 ID:	X IND COM OTH PTY SCC	Financial Advisor Merrill Lynch	200.00	200	0.00	
Rcpt Dt: 11/04/2008	Joseph T Cook 508 Carnation Avenue Corona Del Mar CA 92625-2024 ID:	IND COM OTH PTY SCC	Retired n/a	100.00	200	0.00	

	SUBTOTAL \$	8538.00	
Schedule A Summary			
Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	····· \$ <u></u>		*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100			(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.)			PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE C **CALIFORNIA**

Statement covers period **FORM** 20081019 from_ 20081231 through_ 13 / 26 I.D. Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lou Penrose for City Council 1308623

					1	13086.	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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/27/2008	CL7 Communications 2125 Loma Verde Drive Fullerton CA 92833-1712 ID:	IND COM XOTH PTY SCC		Fundraising Mailing	426.30	426.30	
Rcpt Dt: 10/25/2008	Lou Penrose (aka Luigi Rossetti, Jr.) 34206 Doheny Park Road Capo Beach CA 92624-1111 ID:	IND COM OTH PTY SCC	District Director Congressman John Campb	Fundaiser Supplies	38.17	549.63	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	464.47	
Schedule C Summary			
Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	464.47	*Contributor Codes
2. Amount received this period - unitemized nonmonetary contributions of less than \$1003. Total nonmonetary contributions received this period	\$	90.24	IND - Individual COM- Recipient Committee - (other than PTY or SCC) OTH - Other
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	554.71	PTY - Political Party SCC - Small Contributor Committee

Schedule E Payments Made

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

Statement covers period	CALIFORNIA A CO
from20081019	FORM 40U
through20081231	14 / 26
	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 CNS CTB CVC FIL FND IND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG meetings OFC office exp PET petition of PHO phone ba POL polling an POS postage,	rculating	RAD radio airtime and production c RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, ar TSF transfer between committees of VOT voter registration WEB information technology costs (ction costs meals nd meals of the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	DMI	ID:	LIT		1574.36

NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ITOR	CODE OR DESCRIPTION OF PAYMEN	T AMOUNT PAID
DMI 1145 W Collins Avenue	ID:	LIT	1574.36
Orange CA 92867-5445			
DMI 1145 W Collins Avenue	ID:	СМР	520.00
Orange CA 92867-5445			
Horizon Law Group, LLP 1920 Main Street Suite 210	ID;	PRO	1000.00
Irvine CA 92614-7223			

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

SUBTOTAL \$

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	13196.81
2.	. Unitemized payments made this period of under \$100.	15.00
	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4.	. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	13211.81

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 20081019	california 460
SEE INSTRUCTIONS ON REVERSE		through20081231	15 / 26
NAME OF FILER Lou Penrose for City Council			I.D. NUMBER
	About		1308623
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airlime and productions RFD returned contributions SAL campaign workers' sal TEL t.v. or cable airlime an TRC candidate travel, lodgin TRS staff/spouse travel, tod	aries d production costs ng, and meals

LIT campaign literature and mailings	PRT print ads	- Colorado (regal, accesaran	WEB information technology co	sts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID:	OFC		62.50
CompleteCampaigns.com 3635 Ruffin Road Floor 3 San Diego CA 92123-1880	ID:	FND		14.95
Hart and Associates, LLC 1300 Bristol Street N Suite 100 Newport Beach CA 92660-2989	ID:	CNS		1000.00

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

independent expenditure supporting/opposing others (explain)*

SUBTOTAL \$

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

Schedule E Summary

IND

LEG legal defense

LIT campaign literature and mailings

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

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

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	from
SEE INSTRUCTIONS ON REVERSE		thro
NAME OF FILER		
Lou Penrose for City Council		

		SCHEDULE E
	Statement covers period	CALIFORNIA 160
fro	от 20081019	FORM 400
th	rough20081231	16 / 26
		I.D. NUMBER
		1308623

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	nd appearances nses ulating s	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production TRC candidate travel, lodging, and mea TRS staff/spouse travel, lodging, and m TSF transfer between committees of th VOT voter registration WEB information technology costs (inter	n costs als eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hart and Associates, LLC 1300 Bristol Street N Suite 100 Newport Beach CA 92660-2989	ID:	CNS		1000.00
CompleteCampaigns.com 3635 Ruffin Road	ID:	FND		12.50

Floor 3
San Diego CA 92123-1880

CRA Voter Guide
11230 Gold Express Drive
310-325
Gold River CA 95670-4484

LIT Slate Cancelled by Vendor -230.00

SUBTOTAL \$

Schedule E Summary

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

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

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from20081019	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through20081231	17 / 26	
NAME OF FILER				I.D. NUMBER	
Lou Penrose for City Council				1308623	
CODES: If one of the following codes accurately describes	the payment, you i	may enter the code. Othe	erwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ss	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL. t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	ies production costs , and meals ng, 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 PAYMENT	AMOUNT PAID	
Horizon Law Group, LLP 1920 Main Street Suite 210 Irvine CA 92614-7223	ID:	PRO		1000.00	
Amber Hall 26711 Calle Salida Capo Beach CA 92624-1414	ID;	CMP		856.45	
The UPS Store 34145 Pacific Coast Highway	ID;	POS		743.58	
Dana Point CA 92629-2808					
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.	su	BTOTAL \$	
Schedule E Summary					
Itemized payments made this period. (Include all Schedu	le E subtotals.)	*************************		\$	

2. Unitemized payments made this period of under \$100.

Schedule E	
Payments Made	

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE E
Staten	ent covers period	CALIFORNIA 160
from	20081019	FORM 400
through _	20081231	18 / 26
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

CMP	campaign paraphernalia/misc.	MBR	member con	nmunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings an	d appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expen	ses	SAL.	campaign workers' salaries
CVC	civic donations	PET	petition circu	lating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	5	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	urvey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery 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)

	ND ADDRESS OF PAYEE OR CRED COMMITTEE, ALSO ENTER I.D. NUMBER)	DITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Discover Card 2500 Lake Cook Road		ID:	POS		75.69
Deerfield	IL 60015-3851				
The KAL Group 976 Pacific Avenue		ID:	PRO		212.15
Willows	CA 95988-9788				
Discover Card 2500 Lake Cook Road		ID:	POS		115.24
Deerfield	IL 60015-3851				

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

Schedule E Summary

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

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 20081019	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through20081231	19 / 26	
NAME OF FILER					I.D. NUMBER	
Lou Penrose for City Council					1308623	
CODES: If one of the following codes accurately describes t	he payment, you r	may enter the	e code. Othe	rwise, describe the payment.	<u> </u>	
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		nd appearances ises ulating s	ı senger services	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sal TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lod TSF transfer between commoduler transfer between c	aries d production costs ng, and meals lging, and meals nittees of the same candidate/sp	one
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	र	DESCRIPTION OF PAYMENT	AMOUNT PAI	JD
DMI 1145 W Collins Avenue	ID:	LIT			230.	.00
Orange CA 92867-5445						
Hart and Associates, LLC 1300 Bristol Street N Suite 100 Newport Beach CA 92660-2989	ID:	CNS			1000.	.00
DMI 1145 W Collins Avenue	ID:	OFC			230.	.00
Orange CA 92867-5445						
* Payments that are contributions or independent expenditures must a	so be summarized o	n Schedule D.		S	SUBTOTAL \$	
Schedule E Summary						

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.)

......\$

2. Unitemized payments made this period of under \$100.

Schedule E	Type or print in ink.		Statement covers period	SCHEDULE	
Payments Made		nts may be rounded whole dollars.	from20081019	FORM 460	
SEE INSTRUCTIONS ON REVERSE			through20081231	20 / 26	
NAME OF FILER				I.D. NUMBER	
Lou Penrose for City Council				1308623	
CODES: If one of the following codes accurately describes	he payment, you	may enter the code. Other	rwise, describe the payment.	1000020	
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 co MTG meetings at OFC office expet PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses ulating as	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	ies production costs , and meals ng, and meals ttees of the same candidate/spon	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
The KAL Group 976 Pacific Avenue	ID:	PRO		507.20	
Willows CA 95988-9788 Amber Hall 26711 Calle Salida	ID:	FND		110.93	
Capo Beach CA 92624-1414 CompleteCampaigns.com 3635 Ruffin Road Floor 3	ID:	FND		26.40	
San Diego CA 92123-1880					
* Payments that are contributions or independent expenditures must a	Iso be summarized o	n Schedule D.	SU	BTOTAL \$	

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100.

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

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

TOTAL \$

Schedule E Summary

Schedule E Payments Made	Type or print in ink, Amounts may be rounded	Stateme	nt covers period	CALIFORNIA 460
	to whole dollars.	from	20081019	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	20081231	21 / 26
NAME OF FILER				I.D. NUMBER
Lou Penrose for City Council				
	s the payment, you may enter the code. Otherwise	se describe the	a navmont	1308623
CODES: If one of the following codes accurately describe	MBR member communications	RAD radi	e payment.	
CODES: If one of the following codes accurately describe	MBR member communications MTG meetings and appearances OFC office expenses	RAD radi RFD retu SAL cam	io airtime and product irned contributions npaign workers' salari	ion costs es
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances	RAD radi RFD retu SAL cam TEL t.v. TRC can	io airtime and product	ion costs es production costs and meals

de ripoligi. Alcidici e di e maningo	FIXE PHILLIAUS	WEB information technology costs (internet, email)			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Discover Card 2500 Lake Cook Road	ID:	POS		48.80	
Deerfield IL 60015-3851					
Horizon Law Group, LLP 1920 Main Street Suite 210 Irvine CA 92614-7223	ID:	PRO		1000.0	
DMI 1145 W Collins Avenue	ID:	LIT		2000.0	
Orange CA 92867-5445					

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 2. Unitemized payments made this period of under \$100.\$ _____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$ _____

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

SUBTOTAL \$

Schedule	E
Payments	Made

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

		SCHEDULE E
Statem	ent covers period	CALIFORNIA ACO
from	20081019	FORM 40U
through _	20081231	22 / 26
		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. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF DAYMENT

NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Discover Card 2500 Lake Cook Road	ID:	СМР		86.06	
Deerfield IL 60015-38	51				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	13196.81
Schedule E Summary		
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 Cabadata B. B. 14. C. 1	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	

SCF	IFΓ) LIC	F	F.

Schedule F	Type or print in ink.		SCHEDULE			
Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 20081019	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE		through <u>20081231</u>	- 23 / 26			
NAME OF FILER			I.D. NUMBER			
CODES: If one of the following codes accurately des	cribes the navment you may enter the code. Of	honring donn't be the second	1308623			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and produce RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging	ries production costs			

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

PRT print ads

							······································	iot, omany
NAME AND ADD (IF COMMITT	RESS (EE, ALSO	DF PAYEE OR CREI	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
Lou Penrose (aka Luigi R 34206 Doheny Park Road Capo Beach	ossetti CA	i, Jr.) 92624-1111	ID:	FIL	0.00	1546.00	0.00	1546.00
Hart and Associates, LLC 1300 Bristol Street N Suite 100 Newport Beach	CA	92660-2989	ID:	CNS	1000.00	0.00	1000.00	0.00
Discover Card 2500 Lake Cook Road			ID:	CMP	86.06	0.00	86.06	0.00
Deerfield	IL	60015-3851						
Payments that are contribution summarized on Schedule D.	s or inc	dependent expend	fitures must also be	SUBTOTALS	\$	B		S

Schedule F Summary

FND fundraising events

campaign literature and mailings

LEG legal defense

IND independent expenditure supporting/opposing others (explain)*

ι.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for		
	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	4135.00
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 \$	8130.15
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\$	
		7	May be a negative number.

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

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, email)

VOT voter registration

TSF transfer between committees of the same candidate/sponsor

SCH	UI.	н	<u></u>	E
300	-	JL	.⊏	г

Accrued Expenses (Unpaid Bills)	l ype or print in i Amounts may be ro to whole dollar	unded	Statement cove	rs period CA	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 2008	31231	24 / 26	
NAME OF FILER				I,D.	NUMBER	
Lou Penrose for City Council					08623	
CODES: If one of the following codes accurately described	ibes the payment, you may en	ter the code. Otherw	rise, describe the pa	vment.	00023	
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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res	ons ances earch messenger services	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponvoter registration WEB information technology costs (internet, email)			
NAME AND ADDRESS OF PAYEE OR 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	
DMI 1145 W Collins Avenue Orange CA 92867-5445	СМР	0.00	2589,00	0.0		
Horizon Law Group, LLP 1920 Main Street Suite 210 Irvine CA 92614-7223	PRO	8120.00	0.00	3000.0	5120.00	
ID: Discover Card 2500 Lake Cook Road Decrfield IL 60015-3851	POS	239.73	0.00	239.7	0.00	
 Payments that are contributions or independent expenditures must a summarized on Schedule D. 	so be SUBTOTALS	\$	\$		\$	
 Schedule F Summary Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemiz Total accrued expenses paid this period. (Include all S accrued expenses of \$100 or more, plus total unitemiz Net change this period. Subtract Line 2 from Line 1. 	ed accrued expenses under \$- chedule F, Column (c) subtota ed payments on accrued expe	ls for payments on nses under \$100.)		RRED TOTALS \$		
on the Summary Page, Column A, Line 9.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	NET\$	i	

SCH		

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

Type or print in ink. Amounts may be rounded

CALIFORNIA 460 Statement covers period 20081019 20081231

to whole dollars. from _ through _ SEE INSTRUCTIONS ON REVERSE 25 / 26 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.

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 airlime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT	UOISIANUNIG		(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DMI 1145 W Collins Avenue	ID:	LIT	3804.36	0.00	3804.36	0.00
Orange	CA 92867-5445					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	13250.15\$	4135.00\$	8130.15 \$	9255.00
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized accrued 	F, Column (b) subtotals expenses under \$100.)	for	INCUIDDE	D TOTALS \$	
2. Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payment	Column (a) authtatala fan				
3. Net change this period. Subtract line 2 from line 1 Enter the di	fforonce have and			D TOTALS \$	
on the Summary Page, Column A, Line 9.)				NET \$	egalive number.

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.

			CHEDULE G
State	ment covers period	CALIFORNIA	400
om	20081019	FORM	460

Contractor (on Behalf of This Committee)		to whol	e dollars.	from	20081019	FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through _	20081231	_ 26	3 / 26
Lou Penrose for City Council			, ,,,			I.D. NUMBE	R
NAME OF AGENT OR INDEPENDENT CONTRACTOR						1308623	
Amber Hall							
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings *Payments that are contributions or independent expenditures must also be	MBR member of meetings OFC office exp PET petition of phone bar POL polling an POS postage, of PRO profession PRT print ads	communications and appearances enses rculating nks d survey research delivery and messe nal services (legal,	enger services	RAD r RFD r SAL c TEL t TRC c TRS s TSF tr	the payment, adio airtime and product turned contributions ampaign workers' sala v. or cable airtime and andidate travel, lodging taff/spouse travel, lodgransfer between commoter registration aircomation technology of	ries production cos g, and meals ing, and meals ittees of the sar	me candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF PA	YMENT		AMOUNT PAID
The UPS Store 34145 Pacific Coast Highway	ID:	POS				With a second	743.58
Dana Point CA 92629-2808							
	ID:					į	
	ID:						
			-, <u>, , , , , , , , , , , , , , , , , , </u>				
	ID:					}	
	ID;						

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 743.58

^{*} 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.