Recipient Committee Campaign Statement	Type or print in ink.		Date Stamp		CALIFORNIA 460		
Cover Page (Government Code Sections 84200-8421 R) ECEIVE	Statement covers period	Date of election if applicable:			FORM		
2005 JUL 26 A	ArogL 01/01/2005	(Month, Day, Year)		Page	of 5 For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through06/30/2005						
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:					
 ✓ Officeholder, Candidate Controlled Committee ✓ State Candidate Election Committee ✓ Recall (Also Complete Part 5) ✓ General Purpose Committee ✓ Sponsored ✓ Small Contributor Committee ✓ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te		Quarterly Sta Special Odd Supplementa Statement	-Year Report		
3. Committee Information	I.D. NUMBER	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	1245422 E)	NAME OF TREASURER					
Friends of Russ Chilton		Daralyn E. Reed MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		504 Hillcrest Drive CITY Yreka, CA 96097	STATE	ZIP CODE	AREA CODE/PHONE 530-842-1365		
Dana Point, CA 92629 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	O. BOX	NAME OF ASSISTANT TREASUR	RER, IF ANY				
	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	· · · · · · · · · · · · · · · · · · ·			
Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.	0 / 0	rein and in the attached	schedules is tr	ue and complete. I certify		
Executed on 7/22/05 and Date	By Clarily	Reed , Figure of Figure of Assistant	Treasurer				
Executed on 7/25/05 Date	BySignature of C	ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	Sponsor			
Executed on	By	Signature of Controlling Officeholder, Candidate, S					
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent		FPPC Form 460 (January/05)		

5.

Page 2 of 5

Officeholder or Candidate Controlled Committee		6.	. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	Allering and the second		NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·			
Russell S. Chilton							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Dana Point			BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	OSTREET) CITY STATE ZIP Point, CA 92629		Identify the controlling off	iceholder, ca	indidate, or s	tate measure	proponent, if an
	The state of the s		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD	·		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER					L	
	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offi	ceholder C	ommittee	List names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY S	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD		SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	I OFFICE SOL	JGHT OR HELD	
NAME OF TREASURER	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Russ Chilton 1245422 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 0,00 1/1 through 6/30 7/1 to Date 0.00 2. Loans Received Schedule B, Line 3 4,400.00 20. Contributions 0.00 \$ 4,400.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 4,400.00 **Expenditures Made Expenditure Limit Summary for State** 72.00 **Candidates** 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ ______72.00 ___ 72,00 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 142.10 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 0.00 corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 72.00 Column A may be negative 70.10 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 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 See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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

Sched	ule	B-	Part	1
Loans	Rec	eive	ed	

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

** If required.

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

	PART 1

Statement covers period

Loans Received	to whole dollars.		from01/01	/2005	FORM 46U			
SEE INSTRUCTIONS ON REVERSE					through 06/30	/2005	Page4_	of5
NAME OF FILER	700						I.D. NUMBER	
Friends of Russ Chilton							1245422	
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 PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Russell S. Chilton	Deputy Sheriff			☐ PAID				CALENDAR YEAR
34172 Chula Vista Ave. Dana Point, CA 92629	County of Orange	4,000.00	0.00	\$O.C	_ \$	0.00% % RATE	\$	\$O.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	\$	07/01/2002 DATE INCURRED	s
Russell S. Chilton	Deputy Sheriff			PAID				CALENDAR YEAR
34172 Chula Vista Ave.				\$	\$ 400.00	%	\$	\$0.00
Dana Point, CA 92629	County of Orange	400.00	0.00	FORGIVEN	00	RATE 0.00		PER ELECTION **
TEND COM OTH PTY SCC	***************************************	\$	s	\$	DATE DUE	s	DATE INCURRED	\$
				PAID \$ FORGIVEN	s	RATE	s	SPER ELECTION**
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.	00 \$ 4,400.00		100	
Schedule B Summary						(Enter (e) on Schedule E. Line 3)		
Loans received this period (Total Column (b) plus unitemized loan				\$	0.00	(†C	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	opaid or forgiven.)			\$	0.00	01	D – Individual DM – Recipient Co (other than F FH – Other (e.g., 'Y – Political Party	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$ _	0.00 (May be a negative number)		CC - Small Contrib	

Schedule E **Payments Made**

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2005	FORM TOO
through06/30/2005	Page5 of5
	I.D. NUMBER
	1245422

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Russ Chilton CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating CVC civic donations PHO phone banks candidate travel, lodging, and meals FIL candidate filing/ballot fees polling and survey research staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 0.00 Schedule E Summary 2. Unitemized payments made this period of under \$100\$ 72.00 0.00