

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA 2001/02 FORM	460
CITY OF SAN LEANDRO OCT 26 2012 CITY CLERK'S OFFICE		
	1 / 9	
	For Official Use Only	

Statement covers period

from 10/01/2012

through 10/20/2012

Date of election if applicable:
(Month, Day, Year)

11/6/12

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primary Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| (Also Complete Part 5.) | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | (Also Complete Part 6.) |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="checkbox"/> Small Contributor Committee | Officeholder Committee |
| <input type="checkbox"/> Political Party/Central Committee | (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495 |

3. Committee Information

I.D. NUMBER
1341331

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Chris Crow for City Council 2012

STREET ADDRESS (NO P.O. BOX)
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577	510/895-2011

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
(510) 895-2018

Treasurer(s)

NAME OF TREASURER
Kenneth Pon CPA

MAILING ADDRESS
151 Callan Ave 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577	(510) 895-2011

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2012 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/25/2012 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER/ OFFICEHOLDER/ CANDIDATE/ STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/ OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/ OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
2 / 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Chris Crow			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: City Council Member City 004			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
151 Callan Ave 306	San Leandro	CA	94577

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Crow for City Council 2012

Statement covers period		CALIFORNIA FORM 460
from _____	through _____	
		3 / 9
		I.D. NUMBER 1341331

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 2215.00	\$ 6720.31
2. Loans Received	Schedule B, Line 7	1500.00	3177.43
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 3715.00	\$ 9897.74
4. Nonmonetary Contributions	Schedule C, Line 3	358.28	358.28
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 4073.28	\$ 10256.02

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 7125.77	\$ 9314.76
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 7125.77	\$ 9314.76
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	358.28	358.28
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 7484.05	\$ 9673.04

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4293.75
13. Cash Receipts	Column A, Line 3 above	3715.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	7125.77
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 882.98

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 3177.43

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	4 / 9
NAME OF FILER Chris Crow for City Council 2012	I.D. Number 1341331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/18/2012	Innisfree Ventures II LLC 1221 Bridgeway 100 Sausalito CA 94965 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
Rcpt Dt: 10/06/2012	David Jagoda 833 Hollyhock Av San Leandro CA 94578 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Select Quote	100.00	100.00	
Rcpt Dt: 10/12/2012	John Johnson 2985 Amorosa Ct Pleasanton CA 94566 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President McDermottCosta Insurance-Services	250.00	250.00	
Rcpt Dt: 10/12/2012	Michael McDermott 1916 Melvin Rd Oakland CA 94602 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President McDermottCosta Insurance Services	100.00	100.00	
Rcpt Dt: 10/05/2012	Kenneth Parris 7717 Boniewood Ct Dublin CA 94568 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None <i>Retired Police Officer</i>	100.00	100.00	

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	2150.00
2. Amount received this period - unitemized contributions of less than \$100	\$	65.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	2215.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	5 / 9
	I.D. Number 1341331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chris Crow for City Council 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/03/2012	Ro for Congress Inc 849 Independence Av A Mountain View CA 94043 ID: C00503185	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
Rcpt Dt: 10/01/2012	San Leandro Chamber of Commerce PAC 15555 E 14th St 100 San Leandro CA 94578 ID: 1342837	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	

SUBTOTAL \$ 2150.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	6 / 9
	I.D. NUMBER 1341331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Crow for City Council 2012

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Chris Crow 151 Callan Ave 306 San Leandro CA 94577 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McDermottCosta Co Inc Insurance Agent	\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 12/31/2012 DATE DUE	0.00 % RATE \$ 0.00	\$ 500.00 10/11/2011 DATE INCURRED	CALENDAR YEAR \$ 1177.43 PER ELECTION**
Chris Crow 151 Callan Ave 306 San Leandro CA 94577 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McDermottCosta Co Inc Insurance Agent	\$ 177.43	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 177.43 12/31/2013 DATE DUE	0.00 % RATE \$ 0.00	\$ 177.43 07/01/2012 DATE INCURRED	CALENDAR YEAR \$ 1177.43 PER ELECTION**
Chris Crow 151 Callan Ave 306 San Leandro CA 94577 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McDermottCosta Co Inc Insurance Agent	\$ 1000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1000.00 08/07/2013 DATE DUE	0.00 % RATE \$ 0.00	\$ 1000.00 08/07/2012 DATE INCURRED	CALENDAR YEAR \$ 1177.43 PER ELECTION**
SUBTOTALS								\$ \$ \$ \$

Schedule B Summary

1. Loans received this period. _____ \$ 1500.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$ 1500.00**
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	7 / 9
	I.D. NUMBER 1341331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Crow for City Council 2012

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Margarita Lacabe 46 Estabrook St San Leandro CA 94577 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Derechos Human Rights Human Rights Researcher	\$ 0.00	\$ 1500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1500.00 11/16/2012 DATE DUE	0.00 % RATE \$ 0.00	\$ 1500.00 10/10/2012 DATE INCURRED	CALENDAR YEAR \$ 1500.00 PER ELECTION**

SUBTOTALS \$ 1500.00 \$ 0.00 \$ 3177.43 \$ 0.00

Schedule B Summary

- Loans received this period. _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period _____ \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	8 / 9
	I.D. Number 1341331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Crow for City Council 2012

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: 10/01/2012	Renee Crow 2340 Belvedere Av San Leandro CA 94577 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Risk Manager Kimpton Hotels & Restaurants	CMP - Lawn Signs	212.16	858.28	
Rcpt Dt: 10/01/2012	Renee Crow 2340 Belvedere Av San Leandro CA 94577 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Risk Manager Kimpton Hotels & Restaurants	FND - Fundraiser supplies	146.12	858.28	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	358.28	
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$	358.28
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	358.28

*Contributor Codes IND - Individual COM - Recipient Committee - (other than PTY or SCC) OTH - Other 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		SCHEDULE E	
from _____	CALIFORNIA FORM 460		
through _____	9 / 9		
NAME OF FILER		I.D. NUMBER	
Chris Crow for City Council 2012		1341331	

SEE INSTRUCTIONS ON REVERSE

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Autumn Press 945 Camelia St Berkeley CA 94710	LIT		ID:	3882.99
Handle with Care Mailing Service 14358 Wicks Bl San Leandro CA 94577	LIT		ID:	2592.03
Handle with Care Mailing Service 14358 Wicks Bl San Leandro CA 94577	LIT		ID:	650.75

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

SUBTOTAL \$ 7125.77

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 7125.77
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. 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.)	TOTAL \$ 7125.77