Recipient Committee		_		COVER PAGE
Campaign Statement	Type or print in	‡	Date Stamp	CALIFORNIA 460
Cover Page			ECEIVED	FORM 400
(Government Code Sections 84200-84216.5)				
(CONTINUENT COOK CONTINUE CAZON-CAZ (C.C.)	Statement covers period	Date of election if applicable:	JAN 10 AM 11: 23	Page of
	10-21-12	(Month, Day, Year)	Jan .	I For Official Use Only I
	from	no man	GLERK BEPARTME	
SEE INSTRUCTIONS ON REVERSE	through12-31-12	11-06-12	CLERK BELLANA ROSEVILLE, CA	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee ☐	Primarily Formed Ballot Measure	☐ Preelection Statement	□ Q υ	arterly Statement
State Candidate Election Committee	Committee	Semi-annual Statement		ecial Odd-Year Report
(Also Complete Part 5)	○ Controlled ○ Sponsored	Termination Statement		pplemental Preelection
	(Also Complete Part 6)	(Also file a Form 410 Ter		itement - Attach Form 495
General Purpose Committee Sponsored	Primarily Formed Candidate/	Amendment (Explain be	ow)	
	Officeholder Committee			
O Political Party/Central Committee	(Also Complete Part 7)			
3. Committee Information	.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1344509	NAME OF TREASURER		
·	•	Richard Roccucci		
Pauline Roccucci for Roseville City Council 201	12	MAILING ADDRESS		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
STREET NOONESS (NO 1.S. SON)		Roseville	CA 956	
CITY STATE ZIP C	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
Roseville CA 9567	78 916-782-2708			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	· cc	
pauline@roccucci.com		OFTIONAL: FAX / E-MAIL ADDRE	.00	
 Verification I have used all reasonable diligence in preparing and reviewir 	no this statement and to the best of my burn	audoday the information contained har	in and in the attached echa-	dules is true and complete. I cortify
under penalty of perjury under the laws of the State of Californ	nig this statement and to the best of my kill	ownedge the information contained here	III aliu III liie allaciieu scrie	dues is true and complete. I certify
1-11-17		<u>-</u>		
Executed on	By	Signature of Treasurer & Assistant Tr	easurer	
1-11-12				
Executed on	#Signature of Co	ontrolling Officeholder, Candidate, State Messure Prop	onent or Responsible Officer of Sponso).
Executed on	Ву			
Dake		Signature of Controlling Officeholder, Candidate, Sta	le Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Carolidate Sta	te Meseum Proponent	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			Danga kuma Na <u>mg</u>a ka ma		
Pauline Roccucci								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE	
City of Roseville Councilmember							· · · · · · · · · · · · · · · · · · ·	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP CA 95678		identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY	
COMMITTEE NAME	D. NUMBER		Angele de la companya de la company La companya de la companya de				and a second	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarity Formed Can officeholder(s) or candidate(s)		s committee is	primarily for	med.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP COS	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			Atta	ch continuati	on sheets H i	necessary	ang in makangga panggan panggan nanggan panggan	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Pauline Roccucci Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 26269.03 6027.03 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date (-500)0 2. Loans Received Schedule B, Line 3 20. Contributions 5527.03 26269.03 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 1373.43 283.13 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5815.16 27642.46 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ _ **Expenditures Made Expenditure Limit Summary for State** 6646 26469.03 Candidates 6. Payments Made Schedule E, Line 4 \$ 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 6646 26469.03 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 6646 26469.03 **Current Cash Statement** 918.97 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B. add 5527.03 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 200 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column 8 of your last reported in Column B. report. Some amounts in 6646 Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 8, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Heipline: 868/ASK-FPPC (866/275-3772)

Schedule A			e or print in ink.			SCHEDULE A	
Monetary	Contributions Received		ts may be rounded whole dollars.	from10-	ers period 21-12	CALIFORNIA 460	
SEE INSTRUCTION	DNS ON REVERSE			through 12	2-31-12	Page 4 of 12	
Pauline R	occucci					1.D. NUMBER 1344509	
DATE REGEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (J. 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 TODATE	
10/21/12	George Fraser Rocklin CA 95677	ZIND COM OTH PTY SCC	Electrical Engineering Consultant	100	1:	00	
10/21/12	Endicott Communications Inc Roseville CA 95661	□IND □COM ☑OTH □PTY □SCC		100	1(00	
10/21/12	Ryan Bezerra Davis CA 95618	☑IND □COM □OTH □PTY □SCC	Bartkiewica, Kronick, and Shanahan Heemann di CA 95816	100	1	00	
10/21/12	J B Bostick Company Roseville CA 95747	□IND □COM ☑OTH □PTY □SCC		100	1 !	00	
11/06/12	The Fountains Gen Account Palo Alto CA 94303	☐IND ☐COM ØOTH ☐PTY ☐SCC		250	5	00	
			SUBTOTAL	650			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	5000.00	IND- COM	Individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)	
 Amount re Total mone 	I Schedule A subtotals.) ceived this period – unitemized monetary contributions atary contributions received this period. at and 2. Enter here and on the Summary Page, Colu	s of less than S	\$100\$	6027.03	PTY-	- Political Party - Small Contributor Committee	

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4 00

Statement covers period

		to whole (ooilars.	from10-2	21-12	FORM 460	
				through 12	-31-12	Page	01_12
NAME OF FILER		** <u>** ** ** ** ** ** ** ** ** ** ** ** </u>	***************************************			I.D. NUMBER	R
Pauline Ro	occucci					1344509	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/29/12	Laura Rasmussen Palo Alto CA 94303	☑IND □COM □OTH □PTY □SEC	Energy 2001 Inc Palo Alto CA 94303	250	250		
12/18/12	Manolakas Family Trust Newport Beach CA 92660	□IND □COM ☑OTH □PTY □SCC		100	1	00	
12/20/12	Allard Residential Services Inc dba Molly Maid of Placer County Roseville CA 95678	☐IND ☐COM ØOTH ☐PTY ☐SCC		100	1	00	
12/17/12	Law Offices of LoDuca & Avdis, LLP Roseville CA 95661	□IND □COM ②OTH □PTY □SCC		250	4	99	
12/18/12	Taber Creative Group Roseville CA 95661	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100	1	00	
			SURTOTAL	s 800			

*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)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

		to whole o	ioliars.	from10-21-12			FORM 46U		
	·			through 12-	31-12	Page .	le 01 12		
NAME OF FILER Pauline Ro	ccucci					1.D. NU 1344			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
12/18/12	BBC Blue Oaks LLC Northbrook IL 60062	☐IND ☐COM ZOTH ☐PTY ☐SCC		500	5	500			
12/18/12	Dennis Myer Auburn CA 95603	ZIND COM OTH PTY SCC	Andregg Geomatic Auburn CA 95603	500	500				
12/18/12	Friends of Bonnie Gare for Council 2012 Roseville CA 95747	☐IND ☑COM ☐OTH ☐PTY ☐SCC	16-#	100	1	00			
12/14/12	Engeo Engineering San Ramon CA 94583	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100	1	100			
12/13/12	Peridot LLC Roseville CA 95747	□IND □COM ☑OTH □PTY □SCC		500		500	: ·		
		<u> </u>	SHRTOTAL	s 1700	3-9/s		# 16 th		

*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)

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

monetary Contributions Received			to whole dollars.		Statement covers period from 10-21-12		FORM 460	
				through 12	-31-12	Page _	7 01/2	
Pauline Ro	occucci					1.D. NUI 13445		
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 CALENDAR Y (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
12/13/12	Mourier Investments LLC Roseville CA 95747	☐IND ☐COM ØOTH ☐PTY ☐SCC		500	500			
12/14/12	Frank Hopkins Roseville CA 95747	ZIND COM OTH PTY SCC	Retired	100	4	25		
12/27/12	Lisa Ksidakis Sacramento CA 95864	ZIND COM OTH PTY	Homemaker	500	5	600		
12/31/12	Molly's Walk at Diamond Crek, LP Sacramento CA 95819	□IND □COM ☑OTH □PTY □SCC		500	5	600		
12/13/12	Committee for Home Ownership of the North State Building Industry Association 2150 Sacramento CA 95833	□IND □COM □OTH □PTY ☑SCC	All Purpose Account	250	2	50		

SUBTOTAL\$

*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: 868/ASK-FPPC (866/275-3772)

Schedule B Part 1 Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.					CALIFORNIA 460		
Loans Received				1	from	21-12	FORM	.00	
SEE INSTRUCTIONS ON REVERSE					through12	-31-12	Page 8	or 12	
NAME OF FILER							I.D. NUMBER		
Pauline Roccucci							1344509		
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Richard Roccucci	CES Engineering Inc			PAID				CALENDAR YEAR	
	Grass Valley CA			\$ 437.97		RATE	\$500	s <u>1191</u>	
Roseville CA 95678		500	0	FORGIVEN				PER ELECTION**	
† ZIND □ COM □ OTH □ PTY □ SCC		\$	\$	s 62.03	DATE DUE	s0	10/11/12 DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$		%	\$	8	
				FORGIVEN		RATE		PER ELECTION **	
†□IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$. \$	RATE	s	\$PER ELECTION**	
TO IND COM OTH PTY SCC			\$	\$	DATE DUE	\$	DATE INCURRED	1	
		SUBTOTALS S	0 :	\$ 50	0 \$ 0	\$ 0			
Schedule B Summary						Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loans			•••••••	\$	0	(tC	Contributor Codes	· · · · · · · · · · · · · · · · · · ·	
2. Loans paid or forgiven this period				· ¢	500		D Individual	num malitic o	
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)		.40.4	······································	A. (10) - 111 - 11	o	TH - Other (e.g.,	PTY or SCC) business entity)	
`		·			(-500)		TY Political Part CC Small Contril		
3. Net change this period. (Subtract Line Enter the net here and on the Summar			***************	. NEI \$	(May be a negetive number)				

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

** If required.

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

Schedul Nonmor	le C netary Contributions Received		Type or print in ink, Amounts may be rounded to whole dollars. Statement covers period from 10-21-12			CALIFORNIA 460			
SEE INSTRUCT	TIONS ON REVERSE R				through	12-31-1	2	Page	9 of 12
Pauline R	Roccucci						į	134450	19
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 O GOODS OR SERVICE		ARKET	CUMULATI DATI CALENDAR (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/19/12	Brandi Reinert Roseville CA 95747	☑IND □COM □OTH □PTY □SCC	La Provence Restaurant Roseville CA	Fund Raiser Expenses	20	03.13	2	203.13	
		□IND □COM □OTH □PTY □SCC					-		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
ene inningiani inningia de		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	eled continual	tion sheets.	SUBTO	TAL \$ 2	03.13			
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$2	203.13	IND-	•	
2. Amount	received this period – unitemized nonmone	atary contribution	ons of less than \$100		\$	85.00			e.g., business entity)

3. Total nonmonetary contributions received this period.

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

283.13

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may	Type or print in ink. Amounts may be rounded to whole dollars.			nt covers period	CALIFO FOR	74 6 6 1
SEE INSTRUCTIONS ON REVERSE				through	12-31-12	Page/	10 of 12
NAME OF FILER						I.D. NUM	
Pauline Roccucci						1344509	3
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications and appearance ases alating s survey researd livery and mes	\$	RAD redio a RFD returne SAL campa TEL t.v. or o TRC candid TRS staff/sp TSF transfe VOT voter r	e the payment. Intime and production ad contributions ign workers' salaries cable airtime and prod ate travel, lodging, and couse travel, lodging, are r between committees egistration ation technology costs	uction costs I meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PAY	MENT		AMOUNT PAID
Bel Air Market Roseville cA 95747			Stamps				672
Placer County Elections Department Auburn CA			Voter Data				105
Chris Jones Consulting Newcastle CA 95658			Consulting Servi	ces and Maili	ng		5869
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		su	BTOTAL\$	6646
Schedule E Summary		Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	No.				
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	•		***************************************		\$	6646
2. Unitemized payments made this period of under \$100	***************************************		***************************************	***************************************		\$	0
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part	1, Column (e).)	***********		\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on t	he Summai	y Page, Column A.	Line 6.)	то	TAL \$	6646

				SCHEDULE					
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be round to whole dollars.		Statement cov		california 460 form				
SEE INSTRUCTIONS ON REVERSE			through 12	-31-12 Pag	go /1 or /2				
NAME OF FILER				I.D. N	UMBER				
Pauline Roccucci				134	4509				
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and maillings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns ances search messenger services	RAD radio airtime a returned control SAL campaign woil TEL t.v. or cable air TRC candidate trav TRS staff/spouse transfer betwee VOT voter registrat	and production costs ributions feers' salaries rtime and production coef, lodging, and meats avel, lodging, and meaten committees of the	ls same candidate/sponsor				
NAME AND ADDRESS OF 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				
Chris Jones Consulting Newcastle CA 95658	Consulting Services and Mailing	0	5869	5869	0				
* Payments that are contributions or independent expenditures must also be summerized on Schedule D.	SUBTOTALS	\$ 0	\$ 5869	\$ 5869	\$ 0				
Schedule F Summary									
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under	ubtotals for \$100.)	INC	JRRED TOTALS \$	5869				
2. Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto	tals for payments or	1		ERED				
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here an	d		NET \$	O May be a negative number				

Schedule I Miscellaneous Increases to Cash		Amounts	or print in ink. may be rounded nole dollars.	Statem	10-21-12 12-31-12	CALIFORNI FORM	400
SEE INSTRUCTION	NS ON REVERSE			through	12-31-12		ot_12
Pauline Roc	cucci					1.D. NUMBER 1344509	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF R	ECEIPT		NT OF TO CASH
12/10/12	Placer County Elections Department Auburn CA		Placer County S	ign Deposit	Refund Check		200
							n dan kemaja dan antara kenagan dan dan dan dan dan dan dan dan dan d
					No. 1		
Attach addi	itional information on appropriately labeled continuation sheets.				SUBTOTAL	- \$	200
	ncreases to cash this period					<u>0</u>	
	d increases to cash of under \$100 this period				\$	0	
4. Total misc	interest received this period on loans made to others. (Schedulellaneous increases to cash this period. (Add Lines 1, 2, and 3 Page, Line 14.)	. Enter he	ere and on the				
					FPPC Toll-Free Helplin		30 (January/05) (866/275-3772)