Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helptine: 866/ASK-FPPC (866/275-3772)

State of California

Officeholder or Candidate Controlled C	Committee		6	i. Primarily Formed Ballo	ot Measure Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE		AND THE RESIDENCE OF THE PARTY	and the state of t	NAME OF BALLOT MEASURE			
Scott Alvord							-
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBE	R IF APPLICABLE	E)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council, Roseville							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY	STATE	ZIP		,		
R	loseville,	CA 9	5747	Identify the controlling offi	ceholder, candidate, or	state measure p	proponent, if any.
			and the second s	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	y you or are pri	-		OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
NAME OF TREASURER	I.D. NUM	MBER		. Primarily Formed Cand			
TO THE OF THE MONTH OF THE MONT	[] YI			officeholder(s) or candidate(s)) for which this committee	is primanly form	əa.
COMMITTEE ADDRESS STREET ADDRESS (NO	O P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CODE	E/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUM	MBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (No.	☐ YI	ES NO	EE?	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CODE	E/PHONE	Attac	h continuation sheets in	f necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period
October 21, 2012

CALIFORNIA 460

SUMMARY PAGE

through December 31, 2012

ige <u>3</u> of <u>3</u>

I.D. NUMBER

Friends of Scott Alvord for Council 2012					
Contributions Received	(FI	Column A TOTALTHIS PERIOD ROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -	0 12303.00 0	\$ \$ \$	37683.00 0 25380.00 1023.09 38706.09	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$.	0 20255.49 0 0	\$ \$	37683.00 0 37683.00 0 1023.09 38706.09	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance		7952.49 12303.00 0 20255.49	an co fro rep Co fig su pe	calculate Column B, add counts in Column A to the responding amounts m Column B of your last port. Some amounts in lumn A may be negative ures that should be bitracted from previous riod amounts. If this is a first report being filed	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	0	for ca fro	this calendar year, only rry over the amounts m Lines 2, 7, and 9 (if y).	FPPC Form 460 (January/0 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period October 21, 2012

CALIFORNIA 460

SCHEDULE A

through Decemb

December 31, 2012

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Alvord for 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/12	Jerry Dizon Rocklin CA 95677	ZIND COM OTH PTY	agent, State Farm	200	400	
10/25/12	John Mourier Construction, Inc., Rsvl 95747	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500	500	
10/25/12	Peridot LLC , RsvI 95747	□IND □COM ☑OTH □PTY □SCC		500	500	
10/25/12	Mourier Investments LLC , RsvI 95747	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500	500	
10/25/12	Committee for Home Ownership No State BIA Sac 95833	☐IND ☐COM ☐OTH ☐PTY ☐SCC		250	250	
kide yang kiden kalan di dan kendangan penggari terapan ayan terbangan kalan terbangan kalan terbangan bersah penggan pelangan penggan kendan terbangan penggan penggan penggan penggan kendan dan bersah terbangan penggan Penggan pelangan penggan						

Schedule A Summary

- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)

 Amount received this period unitemized monetary contributions of less than \$100\$

 753

*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 Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from October 21, 2012 CALIFORNIA FORM 460

through December 31, 2012 Page

Page 5 of 3

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Alvord for 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/12	Jerry Dizon Service Francisco, Rocklin CA 95677	ZIND COM OTH PTY SCC	agent, State Farm	200	400	
10/25/12	John Mourier Construction, Inc., Rsvl 95747	□IND □COM ZOTH □PTY □SCC		500	500	
10/25/12	Peridot LLC , RsvI 95747	□IND □COM ØOTH □PTY □SCC		500	500	
10/25/12	Mourier Investments LLC , RsvI 95747	□IND □COM ☑OTH □PTY □SCC		500	500	
10/25/12	Committee for Home Ownership No State BIA	☐IND ☑COM ☐OTH ☐PTY ☐SCC		250	250	
		1950.00				

Schedule A Summary

- 1. Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.) \$ 11550

 2. Amount received this period unitemized monetary contributions of less than \$100 \$ 1076.09

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCH	EDUL	EA ((CO	NT.)	

Statement covers period from October 21, 2012	CALIFORNIA 460
through December 31, 2012	Page of
	I.D. NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

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 DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/25/12	Reeve-Knight Construction Inc., Roseville 95661	□IND □COM ØOTH □PTY □SCC		100	100		
10/30/12	Liberty Tax Services , Roseville CA 95661	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250	250		
10/30/12	Kent MacDiarmid t, Roseville CA 95661	☑IND □COM □OTH □PTY □SCC	Owner The MacDiearmid Company	200	200		
10/30/12	Antionette Fisher Roseville CA 95747	☑IND □COM □OTH □PTY □SCC	retired	100	350		
10/30/12	Marissa Bernetti , Roseville CA 95747	☑IND □COM □OTH □PTY □SCC	retired	100	150		
SUBTOTAL\$ 750							

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL	FΔ	(CONT)
SCHEDUL		

Statement covers period fromOctober 21, 2012	CALIFORNIA 460
through December 31, 2012	Page 11_ of 22_
	I.D. NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

Friends of Scott Alvord for Council 2012								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/30/12	Evelyn Gibson Roseville 95747	ZIND COM OTH PTY SCC	attorney State of CA	300	300			
10/31/12	Cindy Taylor Roseville CA 95661	ZIND COM OTH PTY SCC	broker Big Valley Mortgage	100	100			
10/26/12	Robert Minturn Roseville CA 95747	☑IND ☐COM ☐OTH ☐PTY ☐SCC	owner Minturn & Associates	250	250			
10/25/12	UFCW8	☐IND ☑COM ☐OTH ☐PTY ☐SCC		500	500			
10/25/12	Teamsters	□IND ☑COM □OTH □PTY □SCC		200	200			
SUBTOTAL\$ 1350								

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Statement covers period	CALIFORNIA ACO
	fromOctober 21, 2012	FORM 46U
	through December 31, 2012	Page <u>S</u> of <u>3</u> 2
***		I.D. NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

DATE RECE IV ED	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 DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/25/12	Placer County Dem Central Committee Auburn CA	☐IND ☑COM ☐OTH ☐PTY ☐SCC		200	200			
10/25/12	Sun City Dem Club Roseville, CA 95747	□IND □COM ØOTH □PTY □SCC		200	200			
10/25/12	Doug Brown Roseville CA 95661	☑IND □COM □OTH □PTY □SCC	Insurance Broker Placer Insurance	250	500			
10/26/29	Los Rios College Federation of Teachers Sacramento CA 95816	□IND □COM ☑OTH □PTY □SCC		250	250			
10/29/12	Westpark Sierra Vista LLC Roseville CA 95661	□IND □COM ☑OTH □PTY □SCC		500	500			
· ·	SUBTOTAL\$ 1400							

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

-	Statement covers period October 21, 2012	CALIFORNIA 460
	through December 31, 2012	Page of2
-		I.D. NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)		
11/1/12	Drewski's Hot Rod Kitchen Sacramento CA 95818	□IND □COM ØOTH □PTY □SCC		100	100			
11/1/12	Gary and Janet Chino Trust Roseville CA 95661	ZIND COM OTH PTY SCC	Independent Businessman	250	250			
11/1/12	Al Johnson Consulting LLC Roseville CA 95661	□IND □COM ☑OTH □PTY □SCC		100	250			
11/2/12	Jennifer Montgomery , Soda Springs CA 95728	□IND □COM □OTH □PTY □SCC	Placer County Board of Supervisor	250	250			
11/2/12	Donald R Wood Investment Account Roseville CA	☐IND ☐COM ØOTH ☐PTY ☐SCC		500	500			
SUBTOTAL\$ 1200								

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from October 21, 2012	CALIFORNIA 460
through December 31, 2012	Page of
	I.D, NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/12	Tim Lewis Communities Roseville CA 95661	□IND □COM ☑OTH □PTY □SCC		500	500	and the second s
11/4/12	Michael Turskey y, Roseville CA 95661	ZIND COM OTH PTY SCC	retired	100	100	
11/1/12	Grace Parker , Folsom CA 95630"	☑IND □COM □OTH □PTY □SCC	IT Consultant	100	150	
11/1/12	Keith Doram, Roseville CA 95747	ZIND COM OTH PTY SCC	Executive Adventist Health	50	250	
11/2/12	Luis Pena Roseville CA 95678	☑IND □COM □OTH □PTY □SCC	Self BP3 Marketing	100	100	

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

Trom October 21, 2012 FORM

	through	Page //	of
NAME OF FILER		I.D. NUMBER	
Friends of Scott Alvord for Council 2012			

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/12	BCLH LLC Sunset 92014	□IND □COM ØOTH □PTY □SCC		250	250	
11/1/12	Placer 2780 LTD Partnership	☐IND ☐COM ØOTH ☐PTY ☐SCC		500	500	
11/1/12	Brewer C & L LLC , Sac CA 95826	□IND □COM ØOTH □PTY □SCC		500	500	
11/1/12	AKT Lincoln 271, LLC , Sac CA 95826	□IND □COM □PTY □SCC		500	500	
11/1/12	WP3 Capital Partners LLC , El Dorado Hills CA 95762	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250	250	
			SUBTOTAL	\$ 2000		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from October 21, 2012

california 460

through December 31, 2012

Page 12 of 32

I.D. NUMBER

NAME OF FILER

Friends of Scott Alvord for Council 2012

Friends or a	Scott Alvord for Council 2012							
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
11/5/12	HBT WP3 LLC 95762	☐IND ☐COM ZOTH ☐PTY ☐SCC		250	250			
11/5/12	Fred Festersen Rpseville CA 95678	ZIND COM OTH PTY SCC	Real Estate Agent Coldwell Banker	100	100			
11/6/12	The Roseville Fountains Sacramento CA 95825-4862	□IND □COM ØOTH □PTY □SCC		250	250			
11/17/12	IUPAT 200 T, Hanover MD 21076	□IND ☑COM □OTH □PTY □SCC		500 ·	500			
11/5/12	CWA-COPE PCC Washington DC 20001	□IND ☑COM □OTH □PTY □SCC		250	250			
SUBTOTAL\$ 1350								

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

SCHEDL	JLE A	(CONT.
--------	-------	--------

e rounded	Statement covers period	CALIFORNIA ACO
ollars.	from October 21, 2012	FORM 46U
	through December 31, 2012	Page 13 of 22
		I.D. NUMBER
		÷ .

Friends of Scott Alvord for Council 2012

NAME OF FILER

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 DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)				
12/18/12	County of Placer Sign Deposit Refund	□IND □COM ☑OTH □PTY □SCC		200	200					
12/28/12	Sheet Metal Workers International Assoc	□IND □OTH □PTY □SCC		500	500					
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
	SUBTOTAL\$ 700									

*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

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE B-PART 2
Statement covers period October 21, 2012	CALIFORNIA 460
through December 31, 201:	
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Scott Alvord for Council 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	****		LENDER		CALENDAR YEAR	
	□IND		FEIADEIX			
	⊟cом				\$	
	□отн	-	DATE		PER ELECTION (IF REQUIRED)	
	□PTY				(IF REGOIRED)	
	□scc					
	Flecc				\$	
					CALENDAR YEAR	
	□IND		LENDER			
	□сом				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□PTY		DATE		(II REGORED)	
*	□scc				\$	
					CALENDAR YEAR	
			LENDER			
	СОМ				\$	
	□отн				PER ELECTION (IF REQUIRED)	
			DATE		(i. , ,	
	□ PTY					
	□scc				5	
	and a secure or and the debug design of the control		LENDER		CALENDAR YEAR	
	□IND		CERTOCK		_	
	□сом				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□ PTY					
	□scc					
					*	
			SUBTOTAL	s 0	Enter on Summary Page,	
			SUBTUIAL	•	Summary Page, Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULEC Statement covers period **CALIFORNIA** October 21, 2012 **FORM** December 31, 201 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Alvord for Council 2012 CUMULATIVE TO AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE GOODS OR SERVICES CALENDAR YEAR ZIP CODE OF CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) □ COM □OTH **□PTY** SCC □COM □OTH PTY □ COM □OTH □PTY □scc COM **□OTH** □PTY □scc **SUBTOTAL \$**

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions.	¢	
	(Include all Schedule C subtotals.)	Ψ.	OF
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100	\$.	95
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.)	\$.	95

*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 D Summary of Expenditures Supporting/Opposing Other

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

SCHEDULED Statement covers period CALIFORNIA October 21, 2012

Candidates, Measures and Committees						
		through Decembe	Page	age <u>/b</u> of <u>32</u>		
estitutus programas va are are are tit a titilia area pate er da programas tit, geld i militir discrimen patem				I.D. NUM	BER	
TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDA	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
Monetary Contribution Nonmonetary Contribution Independent Expenditure						
Monetary Contribution Nonmonetary Contribution Independent Expenditure						
Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	SUBTOTAL	0				
nte sed dest	ull Ook and da Diagoldadadada			•	0	
ade this period of unde	r \$100		*************	\$	0	
is period. (Add Lines 1	and 2. Do not enter on the	Summary Page.) .	то	TAL \$	0	
	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Independent Inde	TYPE OF PAYMENT Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure SUBTOTAL \$ e this period. (Include all Schedule D subtotals.) adde this period of under \$100	TYPE OF PAYMENT DESCRIPTION	TYPE OF PAYMENT TYPE OF PAYMENT DESCRIPTION PERIOD CALENDAR	through December 31, 201: Page	

Schedule E

Type or print in ink. Amounts may be rounded

		SCHEDULEE
Statement covers period	CALIFORNIA	160
from October 21, 2012	FORM	400
through December 31, 201:	Page	, 22

Payments Made	to whole dollars.	from October 21, 2012	FORM	400
SEE INSTRUCTIONS ON REVERSE		through December 31, 201	Page 17	of <u>92</u>
NAME OF FILER			I.D. NUMBER	
Friends of Scott Alvord for Council 2012				

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					
ND independent expenditure supporting	g/opposing others (explain)* POS	postage, delivery and messenger s	services TSF	transfer between committees of the same candidate/sponsor					
LEG legal defense	PRO	professional services (legal, accou	nting) VOT	voter registration					
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)					
-									

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stenhouse Strategies , Auburn CA 95603	LIT	print/mail	12451.88
Stenhouse Strategies Auburn CA 95603	CNB	campaign consulting	918.06
Stenhouse Strategies Auburn CA 95603	РНО	phone calls	861.96

Schedule E Summary 20216.06 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 39.41 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ ___ 20255.47

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

SUBTOTAL\$

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

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

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** October 21, 2012 December 31, 201: through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Alvord for Council 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs member communications campaign paraphernalia/misc.

MTG meetings and appearances RFD returned contributions campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* OFC petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL staff/spouse travel, lodging, and meals TRS

polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* POS ND

VOT voter registration professional services (legal, accounting) legal defense LEG campaign literature and mailings

WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Quadral Solutions 3	CNB	Campaign consulting and voter database	5675.00
Office Depot	OFC	Printer supplies	151.18
LD Products Ldproducts.com	OFC	ink cartridges	157.98

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

SUBTOTAL \$

5984.16

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period october 21, 2012

CALIFORNIA 460

through December 31, 201

Page 19 of 22

I.D. NUMBER

Friends of Scott Alvord for Council 2012			·				
CODES: If one of the following codes accurately described comparing 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 LT campaign literature and mailings	MBR member communication MTG meetings and appeara 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 nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses or \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized expenses of \$100 or more, plus total unitemized and saccrued expenses of \$100 or more, plus total unitemized exp	Schedule F, Column (b) su accrued expenses under	ubtotals for \$100.)	incl	JRRED TOTALS \$.	0		
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.)							
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					

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

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

Statement covers period October 21, 2012 **CALIFORNIA FORM**

SCHEDULE G

through December 31, 201

I.D. NUMBER

Friends of Scott Alvord for Council 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CO	DES: If one of the following codes accurately describe	s tne	payment, you may enter the code. C	JUI GI WISE	e, 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
	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		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
III	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

PRT print ads

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
	1		
	-		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.		Irom	21, 2012	CALIFORN FORM	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through Decem	ber 31, 201	Page 2/	of A	
NAME OF FILER		TOTAL CAST TOTAL CONTRACT OF THE STATE OF TH		and the second s			I.D. NUMBER		
Friends of Scott Alvord for Council 2012									
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITYEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PÉRIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
				\$		%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		s	\$ 14000000000000000000000000000000000000	\$	DATE DUE	\$	DATE INCURRED	\$	
		,		☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$ 0	\$	\$ 0	\$ 0			
						(Enter (e) on Schedule I, Line 3)		ada ka ka ka ka ka na na	
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans					\$	0		**If Required	
Payments received on loans (Total Column (c) plus unitemized paym					\$	0	and the same of th		
3. Net change this period. (Subtract Line	2 from Line 1.)		***************************************	***************************************	NET \$	O y be a negative number)		

(Enter the net here and on the Summary Page, Column A, Line 7.)

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from October 21, 2012 through December 31, 201	CALIFORNIA 460 FORM of 20
NAME OF FILER Friends of Scott Alvord for Council 2012					I.D. NUMBER
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional information on appropriately labeled continuation sheets.					.\$ 0
2. Unitemized increa	nary s to cash this periodset to cash of under \$100 this periodstreet to cash of under \$100 this period			\$	0

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the