Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	FILED IN THE OFFICE OF THE CALIFORNIA 460 OF SAN MATEO COUNTY, CALIF.  COVER PAGE  FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2009 through 12/31/2009	Date of election if applicable: (Month, Day, Year)  WARREN SLOCUM, Chief Elections Officer For Official Use Only  6/1/2010
1. Type of Recipient Committee: All Committees	Complete Parts 1 2 3 and 4	2. Type of Statement:
✓ Officeholder, Candidate Controlled 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 Termination)  Amendment (Explain below)  Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1283907	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT	EE)	NAME OF TREASURER
Hickey for Supervisor 2010		John J. Hickey
		MAILING ADDRESS
OTRE ST. A DODGE AND DO DO		243 Ferndale Way
STREET ADDRESS (NO P.O. BOX)  243 Ferndale Way		CITY STATE ZIP CODE AREA CODE/PHONE
	CODE AREA CODE/PHONE	Emerald Hills 94062 650-368-5722  NAME OF ASSISTANT TREASURER, IF ANY
Sint En	062 650-368-5722	MAINE OF AGGINANT TREAGUNER, II ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.		MAILING ADDRESS
CITY STATE ZIF	CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification		
I have used all reasonable diligence in preparing and review	wing this statement and to the best of my kn	nowledge 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 Calif	ornia that the foregoing is true and correct.	
Executed on	Ву	/ Signorure of Measurer or Addistant Treadurer /
Executed on	BySignature of Co	ontrolling Office bolder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent

CALIFORNIA FORM 460

Page \_\_\_\_\_ of \_\_\_4

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		<del></del>	<del></del>	
John J. Hickey							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Member, San Mateo County Board of Superv	isors						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
243 Ferndale Way Emera	ald Hills, CA 94062		Identify the controlling off			e measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	ididate, or pf	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	ISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?  YES NO	7.	Primarily Formed Candofficeholder(s) or candidate(s	) for which thi	ceholder Con is committee is p	rimarily form	ed.
(	,						SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	IT OR HELD	<u> </u>
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO						SUPPORT OPPOSE
OTHER ADDRESS (NO F.C.	55A)					<del></del>	
CITY STATE ZIP	CODE AREA CODE/PHONE		Attao	ch continuation	on sheets if ne	cessarv	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE			
Statem from	ent covers period 7/1/2009	CALIFORNIA 460			
through _	12/31/2009	Page3 of4			
		I.D. NUMBER			

NAME OF FILER Hickey for Supervisor 1283907 Column A **Contributions Received** Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_\_ 6050.00 2. Loans Received ...... Schedule B, Line 3 1/1 through 6/30 7/1 to Date SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ 20. Contributions 6050.00 Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ 6050.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 \$ \_\_\_\_\_ 632.00 660.75 Candidates 7. Loans Made ...... Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ \_\_\_\_\_ 632.00 22. Cumulative Expenditures Made\* 660.75 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 (mm/dd/yy) 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 \$ \_\_\_\_\_ 632.00 <sub>\$</sub> 660.75 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 corresponding amounts .54 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 15. Cash Payments ...... Column A, Line 8 above 632.00 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5389.79 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 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ for this calendar year, only carry over the amounts **Cash Equivalents and Outstanding Debts** from Lines 2, 7, and 9 (if any). 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)

Schedule E
Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHEDULEE
Stateme	Statement covers period		400
from	7/1/2009	CALIFORNIA FORM	460
through _	12/31/2009	Page4 o	f4
		I.D. NUMBER	
		1283907	

				from	. 0	7141	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through12/31/2009	Page	4 of	4
Hickey for Supervisor						MBER 17	··· = ···
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  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 phone banks POL polling and s POS postage, del	nmunications d appearan nses slating s survey rese ivery and n	s ces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TSF transfer between committees VOT voter registration information technology costs	uction costs I meals and meals s of the san	ne candida	te/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	RIPTION OF PAYMENT		AMOU	NT PAID
SMC Elections		fil	Candidate statem	ent			572
Payments that are contributions or independent expenditures mu	st also be summa	arized on S	Schedule D.	SUE	STOTAL \$		572
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E	subtotals.)	••••••	• • • • • • • • • • • • • • • • • • • •		\$		
2. Unitemized payments made this period of under \$100	•••••	•••••			\$		60
<ol><li>Total interest paid this period on loans. (Enter amount from So</li></ol>	chedule B, Part 1	, Column	(e).)		\$		
<ol> <li>Total payments made this period. (Add Lines 1, 2, and 3. Enter</li> </ol>	er here and on th	e Summa	ry Page, Column A, Li	ne 6.) <b>TOT</b>	AL \$	<del></del>	632

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	FILEL	O COUNTY, CALIF.	CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2009 through 6/30/2009	(WORTH, Bay, Teal)  WARREN SLC  6/1/2010  By:	JUL 3 1 2009 P. CUM, Chief Elections Officer	age1 of5_
1. Type of Recipient Committee: All Committees – C  X Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee  Political Party/Central Committee	Complete Parts 1, 2, 3, and 4.  Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	☐ Quarterly ☐ Special C ☐ Suppleme	Statement Odd-Year Report ental Preelection nt - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Hickey for Supervisor 2010	.D. NUMBER 1283907 :)	Treasurer(s)  NAME OF TREASURER  John J. Hickey  MAILING ADDRESS  243 Ferndale Way		
STREET ADDRESS (NO P.O. BOX)  243 Ferndale Way  CITY STATE ZIP C  Emerald Hills CA 9400  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	650-368-5722	CITY Emerald Hills NAME OF ASSISTANT TREASURER, I	STATE ZIP CODE	area code/phone 650-368-5722
OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State  7/27/2009  Executed on	wing this statement and to the best of me of California that the foregoing is true	ny knowledge the information contained he and correct.	Buy	dules is true and complete.

Signature of Controlling Office holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

7/27/2009

Date

Executed on \_

Executed on \_

Executed on \_\_

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

. Officeholder or Candidate Controlled Com	mittee	6.	Ballot Measure Comm	ittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
John J. Hickey						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
Member, San Mateo County Board of Superv	visors					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP					
243 Ferndale Way Emerald Hills, CA 94062			Identify the controlling of			are proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Con	nmittee Lis	t names of officeholder(s)	or candidate(s) for
	☐ YES ☐ NO		which this committee is prin	narily formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER					
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			· · · · · · · · · · · · · · · · · · ·		OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

### **Campaign Disclosure Statement Summary Page**

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE				
Stateme	ent covers period	CALIFORNIA 160				
from	1/1/2009	FORM TOU				
through	6/30/2009	Page 3 of 5				
	7,000	I.D. NUMBER				
		1283907				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hickey for Supervisor 2010 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 6050 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 20. Contributions 6050 6050 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 6050 6050 Made **Expenditures Made Expenditure Limit Summary for State** 28.75 6. Payments Made ...... Schedule E, Line 4 \$ \_\_\_\_\_ Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 28.75 28.75 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 28.75 28.75 Current Cash Statement To calculate Column B, add 6050 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 from Column B of your last 28.75 report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 6021.25 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 B, Part 2 \$ \_\_\_\_\_ \*Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule A **Monetary Contributions Received**

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

SCHEDULE A Statement covers period

I.D. NUMBER

from	1/1/2009	CALIFORNIA FORM	460		
through	6/30/2009	Page4	of5		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickey for Supervisor 2010

Hickey for S	Supervisor 2010				12839	907
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)
4/8/09	Candidate - John J. Hickey	□IND □COM □OTH □PTY □SCC		1000		
4/30/09	Candidate - John J. Hickey	□IND □COM □OTH □PTY □SCC		5000		
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL\$	3		

Amount received this period – contributions of \$100 or more.  (Include all Schedule A subtotals.)	\$
2. Amount received this period – unitemized contributions of less than \$100	
<ol> <li>Total monetary contributions received this period.</li> <li>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.</li> </ol>	) TOTAL \$6050

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule	E
<b>Payments</b>	Made

Type or print in ink.

	SCHEDULEE	
Statement covers period	CALIFORNIA ACO	
from1/1/2009	FORM 40U	7
through6/30/2009	Page5 of5	
	I.D. NUMBER	
	1292007	

Payments Made  Amounts may be rounded to whole dollars.		fro	1/1/2009		RM 460		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Hickey for Supervisor 2010				th	rough 6/30/2009	Page I.D. NUI 128390	
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  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member common meetings and office expen petition circul phone banks POL polling and s postage, deli	munications I appearance ses ating urvey reseavery and m	ees	RAI RFI SAI TEL TRO TRS	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and proceedings and candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration	s oduction cost nd meals I, and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be summ	arized on	Schedule D.		S	UBTOTAL	<b>\$</b>
Schedule E Summary						_	
<ol> <li>Payments made this period of \$100 or more. (Include all Se</li> <li>Unitemized payments made this period of under \$100</li> </ol>							28.75
Total interest paid this period on loans. (Enter amount from							
4. Total payments made this period. (Add Lines 1, 2, and 3. E							28.75

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	FILED IN THE OF SAN NATEO COUR		CALIFORNIA 460 FORM
	Statement covers period 3/18/2010	WARREN SLOCUM	2 7 2010 P	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	tilrough	Dy Little	TY CLERK	
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee	imarily Formed Ballot Measure ommittee Controlled Sponsored SpoComplete Part 6)	2. Type of Statement:  Preelection Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 Termination)  Amendment (Explain below)	☐ Special C	Statement Odd-Year Report ental Preelection it - Attach Form 495
O Sponsored ☐ Pr O Small Contributor Committee Of	imarily Formed Candidate/ ficeholder Committee 20 Complete Part 7)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Hickey for Supervisor 2010  STREET ADDRESS (NO P.O. BOX) 243 Ferndale Way  CITY STATE ZIP COD  Emerald Hills CA 94062  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  CITY STATE ZIP COD  OPTIONAL: FAX / E-MAIL ADDRESS	650-368-5722 ×	Treasurer(s)  NAME OF TREASURER John J. Hickey  MAILING ADDRESS  243 Femdale Way  CITY  Emerald Hills  NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE CA 94062  STATE ZIP CODE	AREA CODE/PHONE 650-368-5722 AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing to under penalty of perjury under the laws of the State of California to the State of Califo	BySignature of Control	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Response of Controlling Officeholder, Candidate, State Measure Proponent or Response of Controlling Officeholder, Candidate, State Measure Prop	onsible Officer of Sponsor	true and complete. I certify

Officeholder or Candidate Controlled Committee		6. P	rimarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			AME OF BALLOT MEASURE	······			
John J. Hickey							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMB	ER IF APPLICABLE)	BA	ALLOT NO. OR LETTER	JURISDICTI	ION		] SUPPORT
Member, San Mateo County Board of Supervisors, Di							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		······································	<del></del>			
243 Femdale Way Emerald Hills		ld	entify the controlling off	iceholder, ca	indidate, or stat	te measure	proponent, if ar
		NA	ME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this Statemen	t: List any committees						
not included in this statement that are controlled by you or are pri contributions or make expenditures on behalf of your candidacy.	imarily formed to receive	OF	FICE SOUGHT OR HELD	····	D	ISTRICT NO.	IF ANY
OMMITTEE ALAREE					į		
JII.D. NU	MBER		· · · · · · · · · · · · · · · · · · ·				
I.B. No							
I.D. No							
AME OF TREE CO.	OLLED COMMITTEE?	7. Pr	imarily Formed Can	didate/Offic	eholder Com	nmittee ப	st names of
AME OF TREASURER CONTR	· · · · · · · · · · · · · · · · · · ·	7. Pr	imarily Formed Cane	didate/Offic ) for which thi	ceholder Com is committee is p	nmittee ப primarily form	st names of ed.
AME OF TREASURER CONTR	· · · · · · · · · · · · · · · · · · ·	off	rimarily Formed Cane diceholder(s) or candidate(s) ME OF OFFICEHOLDER OR C	) for which thi	ceholder Comis committee is pa	rimarily form	ed.
AME OF TREASURER  CONTR  Y  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	off	iceholder(s) or candidate(s	) for which thi	is committee is p	rimarily form	st names of ned.
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AME OF TREASURER  CONTR  CONTR	ES NO	off NA	iceholder(s) or candidate(s	ANDIDATE	is committee is p	rimarily form	SUPPORT DPPOSE
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AME OF TREASURER  CONTR  Y  DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  TY  STATE ZIP CODE  DMMITTEE NAME  I.D. NUM	AREA CODE/PHONE	NA	ME OF OFFICEHOLDER OR C	) for which thi Andidate Andidate	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
AME OF TREASURER  CONTR  Y  DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  TY  STATE ZIP CODE  DMMITTEE NAME  I.D. NUM  ME OF TREASURER  CONTRO	AREA CODE/PHONE  MBER  DLLED COMMITTEE?	NA NA	ME OF OFFICEHOLDER OR C	ANDIDATE  ANDIDATE  ANDIDATE	OFFICE SOUGH  OFFICE SOUGH  OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
AME OF TREASURER  CONTR  Y  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  TY  STATE ZIP CODE  DMMITTEE NAME  I.D. NUM  AME OF TREASURER  CONTRO	AREA CODE/PHONE  MBER  DLLED COMMITTEE?	NA NA	ME OF OFFICEHOLDER OR C	ANDIDATE  ANDIDATE  ANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
AME OF TREASURER  CONTR  Y  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE  OMMITTEE NAME  I.D. NUM  AME OF TREASURER  CONTRO	AREA CODE/PHONE  MBER  DLLED COMMITTEE?	NA NA	ME OF OFFICEHOLDER OR C	ANDIDATE  ANDIDATE  ANDIDATE	OFFICE SOUGH  OFFICE SOUGH  OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
AME OF TREASURER  CONTR  Y  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE  OMMITTEE NAME  I.D. NUM  AME OF TREASURER  CONTRO	AREA CODE/PHONE  MBER  DLLED COMMITTEE?	NA NA	ME OF OFFICEHOLDER OR C	ANDIDATE  ANDIDATE  ANDIDATE	OFFICE SOUGH  OFFICE SOUGH  OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 3/18/2010 CALIFORNIA 460 from 5/22/2010 Page 3 of 5

NAME OF FILER				throug	jh5/22/2010	Page3 of
Hickey for Supervisor 2010						I.D. NUMBER 1283907
Contributions Received	Colur TOTAL THIS (FROMATTACHE	SPERIOD		Column B CALENDAR YEAR TOTAL TODATE	Running in Both	mmary for Candidates the State Primary and
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	\$	3400 3400	\$ \$ \$ \$	3400 3400 3400	General Elections  1/1  20. Contributions Received \$  21. Expenditures	through 6/30 7/1 to Date
Expenditures Made  6. Payments Made	\$	8281.21 0 8281.21 4838.96	\$ \$ \$	8281.21 0 8281.21 0	Candidates  22. Cumulati	Summary for State  ive Expenditures Made* to Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ \$ \$	5384.91 3400,00 26.98 7281,21 76,72	amount corresp from Co report. Column figures s subtract period a the first for this	ulate Column B, add is in Column A to the onding amounts olumn B of your last Some amounts in A may be negative that should be ted from previous amounts. If this is report being filed calendar year, only		\$s
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	\$		carry ov from Lin any).	ver the amounts nes 2, 7, and 9 (if	FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (868/275-3772)

Schedule B - Part 1				SCHEDULE B - PART 1				
Loans Received	Am	Statement co	vers period 8/2010	CALIFORNIA 460				
					from	0/2010	FORM	TOU
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through5/	22/2010	Page	of P
Hickey for Supervisor 2010							1.D. NUMBER 1283907	
		/8\	(5)	(-)	7-7-21	<del>                                     </del>		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John J. Hickey	Retired			PAID				CALENDAR YEAR
243 Ferndale Way Emerald Hills, CA 94062				,	0   5 3000	O %	s <u>3000</u>	\$
		0	3000	FORGIVEN	_			PER ELECTION**
To IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	12/31/10 DATE DUE	\$	DATE INCURRED	\$
John J. Hickey	Retired			PAID				CALENDAR YEAR
243 Ferndale Way Emerald Hills, CA 94062				\$(	5	O %	\$	\$
		0	400	FORGIVEN	40/04/40			PER ELECTION **
TIND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	12/31/10 DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	\$
				FORGIVEN				PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		3	\$ 3400	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100 \		••••••	\$	3400	-		
	·				0		Contributor Codes  ND – Individual	
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$100</li> <li>(Include loans paid by a third party that</li> </ol>	paid or forgiven.)		••••••	\$	0	- c	OM - Recipient Co	PTY or SCC)
					3400	F	TY - Political Party CC - Small Contrib	<i>i</i>
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summary</li></ol>	∠ πom Line 1.) γ Page, Column A, Line 2.			NET \$	(May be a negative number)	. (	O - Onian Contine	Jator Committee

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

\*\* If required.

Type or print in ink.

SCHEDULE B-PART 1

Schedule	E
<b>Payments</b>	Made

Stateme	ent covers period	CALIFORNIA	4.00
from	3/18/2010	FORM	460
through _	5/22/2010	Page 5 o	, Z

Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 3/18/2010	CALIFO	RM 400	
SEE INSTRUCTIONS ON REVERSE				through5/22/2010	Page	5 or 7
NAME OF FILER Hickey for Supervisor 2010					1.D. NUM 128390	
CODES: If one of the following codes accurately describe  CMP 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 d appearance nses llating s survey reseal ivery and me	es	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	duction costs d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Daily Journal 800 So. Claremont St. San Mateo, CA 94402		prt	Full page ad and	two Toplt ads		2974.00
San Francisco Examiner		prt	Two strip ads.			496.00
San Mateo County Elections		fil	Filing fee and car	ndidate statement		4811.21
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.	su	BTOTAL \$	8281.21
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	************			\$	8281.21
2. Unitemized payments made this period of under \$100						
3. Total interest paid this period on loans. (Enter amount from $% \left\{ 1,2,,n\right\}$						

8281.21

Schedule	∍ F		
<b>Accrued</b>	<b>Expenses</b>	(Unpaid	Bills)

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

Statement covers period from 3/18/2010 CALIFORNIA FORM through 5/22/2010 Page 6

I.D. NUMBER

1283907

SEE	INSTRUCTIONS ON I	REVERSE
NAM	AE OF FILER	

Hickey for Supervisor 2010

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

MBR member communications

MBR member communications

MER methods and appearances

MER methods and appearances

MER preturned contributions

SAL campaign workers' salaries

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/opposing others (explain)\* POS postage, delivery and messenger services LEG legal defense PRO postage, delivery and messenger services professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also be ummarized on Schedule D.	SUBTOTALS S	4838.96	\$	\$ 4838.96	• 0
San Mateo County Elections	FIL	4838.96		4838.96	0
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

#### **Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	0
accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	U

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers  from 3/18/20  through 5/22/2	FORM 460
EE INSTRUCTIONS ON REVERS	SE .			
				I.D. NUMBER
Hickey for Supervisor 2	2010			1283907
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	D	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	nation on appropriately labeled continuation sheets.			SUBTOTAL \$
Schedule I Summa	rv			
	o cash this period		\$	
2. Unitemized increase	es to cash of under \$100 this period		\$	- 26,98
3. Total of all interest re	eceived this period on loans made to others. (Sch	edule H, Column (e).)	\$	
4. Total miscellaneous Summary Page, Lin	increases to cash this period. (Add Lines 1, 2, a e 14.)	nd 3. Enter here and on the	TOTAL \$	-26,98
	,			FPPC Form 460 (January/05)
			FPPC Tol	I-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print i	19 31-	FILED SHE OFFICE OF T CALLFORNIA 46  OF SAN MATEO COUNTY, CALLF  FORM		
(Sovernment Code Sections 64200-64216.5)	Statement covers period from1/1/2010	Date of election if applicable: (Month, Day, Year)	MAR 26 NSLOCKM Chief	Ford	1 of6_7
SEE INSTRUCTIONS ON REVERSE	through3/17/2010	June 8,2010 B	DEPUTIFICIER		FINITHE
1. Type of Recipient Committee: All Committee	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			<b>UCOP</b>
✓ Officeholder, Candidate Controlled 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 Termina  ☐ Amendment (Explain below)	tion)	Quarterly Stateme Special Odd-Year Supplemental Pre Statement - Attact	Report election
3. Committee Information	I.D. NUMBER 1283907	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI		NAME OF TREASURER			****
Hickey for Supervisor 2010		John J. Hickey			
·		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		243 Ferndale Way			
243 Ferndale Way		CITY Emerald Hills		ZIP CODE	AREA CODE/PHONE
	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF		94062	650/368-5722
	4062 650/368-5722				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS			
CITY STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
. Verification				•	
I have used all reasonable diligence in preparing and revi	iewing this statement and to the best of my ki	nowledge the information contained herein an	id in the attached s	chedules is true and	d complete. I certify
under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.	10 Mars			,
Executed on 3/2 5/20/0	Ву	Signature of T/gasurge of Assistant Treasure	ı		
Executed on 3/25/2010	BySignature of €	Controlling Officeholder, Candidate, State Measure Proponent of		ponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Mea			
Executed on	By				
Date		Signature of Controlling Officeholder, Candidate, State Mea	sure Proponent		

COVER P	AGE - PART 2
CALIFORNIA FORM	460

Officeholder or Candidate Contro	lled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				·
John J. Hickey							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Member, San Mateo County Board	of Supervisors		_				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP						
243 Ferndale Way Emerald Hills, CA 94062			Identify the controlling of	ficeholder, ca	andidate, or state	e measure p	proponent, if an
			NAME OF OFFICEHOLDER, CAI	VDIDATE, OR P	ROPONENT		
	I in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		D	ISTRICT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER						
	1283907						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offi	ceholder Com	mittee Lis	st names of ed.
	YES NO		NAME OF OFFICEHOLDER OR		OFFICE SOUGH		
	ESS (NO P.O. BOX)		NAME OF OFFICEROLDER OR	DANDIDATE	OFFICE SOUGH	II OK HELD	SUPPORT OPPOSE
CITY STA	ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						- OFFOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLER CONTROL		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	<del> </del>
THE OF THE TOOKER	CONTROLLED COMMITTEE?						☐ SUPPORT
	YES NO						☐ OPPOSE

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2010 CALIFORNIA FORM 460 through 3/17/2010 Page 3 of 57

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUPERVISOR 1283907 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** 155.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B. Line 3 20. Contributions 155.00 155.00 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 155.00 155.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ ...... **Expenditures Made Expenditure Limit Summary for State** 232.00 232.00 **Candidates** 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 232.00 232.00 (If Subject to Voluntary Expenditure Limit) 4838.96 4838.96 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 4838.96 4838.96 **Current Cash Statement** 5389.79 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ \_\_\_\_ To calculate Column B. add 155.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts 1280.12 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 232.00 report. Some amounts in Column A may be negative 5372.91 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 B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 4838.96 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)

Schedule E
Payments Made

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from1/1/2010	FORM 400
through3/17/2010	Page 4 of -87
	I.D. NUMBER
	1283907

Payments Made	to whole d	ollars.		from	1/1/2010	FOF	RM TOO
SEE MOTOUSTIONS ON DESIGNATION				through .	3/17/2010	Page	4 of 87
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			har the state of t	ougii		I.D. NUM	BER
HICKEY FOR SUPERVISOR						128390	7
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  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearanc ses lating survey resea very and me	es	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	be the payment. airtime and production ned contributions vaign workers' salaries r cable airtime and prod didate travel, lodging, and spouse travel, lodging, fer between committees registration mation technology costs	luction costs d meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF P	AYMENT		AMOUNT PAID
USPS		pos	500 First class s	tamps			220
* Payments that are contributions or independent expenditures m	nust also be summ	arized on \$	Schedule D.		su	IBTOTAL\$	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)		•••••			\$	
2. Unitemized payments made this period of under \$100			•••••			\$	12
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. Er	nter here and on t	ne Summa	ary Page, Column A,	Line 6.)	то	TAL \$	232

SCH	11	_	_

Schedule F		
<b>Accrued Expenses</b>	(Unpaid	Bills)

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

Statement covers period CALIFORNIA 1/1/2010 **FORM** from 3/17/2010 through I.D. NUMBER

1283907

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FOR SUPERVISOR

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 campaign consultants MTG meetings and appearances contribution (explain nonmonetary)\* office expenses

CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks

FND fundraising events independent expenditure supporting/opposing others (explain)\* ND

LEG legal defense LIT campaign literature and mailings petition circulating

polling and survey research postage, delivery and messenger services

professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs TEL TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

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
FIL	0	4838.96	0	4838.96
_	DESCRIPTION OF PAYMENT	DESCRIPTION OF PAYMENT  BALANCE BEGINNING OF THIS PERIOD	DESCRIPTION OF PAYMENT  BALANCE BEGINNING OF THIS PERIOD  AMOUNT INCURRED THIS PERIOD  FIL	CODE OR DESCRIPTION OF PAYMENT  OUTSTANDING BALANCE BEGINNING OF THIS PERIOD  AMOUNT INCURRED THIS PERIOD  THIS PERIOD  (ALSO REPORT ON E)

#### summarized on Schedule D.

SUBTOTALS \$

#### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 

4838.96

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

Schedule I Miscellaneou	Is Increases to Cash	1	Type or print in ink. Amounts may be rounded to whole dollars.	Stateme	1/1/2010 3/17/2010	CALIFORNIA FORM 460  Page 6 of 87
NAME OF FILER	/	(10001/1600		-		I.D. NUMBER 1283907
DATE	FULL NAM	SOPER VISOR  E AND ADDRESS OF SOURCE ITTEE, ALSO ENTER I.D. NUMBER)	Di	ESCRIPTION OF R	ECEIPT	AMOUNT OF INCREASE TO CASH
RECEIVED	(IF COMM	THEE, ALSO ENTER I.D. NOMBER)				
				1, 1		
Attach additiona	al information on appropriately	/ labeled continuation sheets.			SUBTOTA	L \$
Schedule I Su					.\$	
						<u>12</u>
			chedule H, Column (e).)			
4. Total miscella	neous increases to cash	this period. (Add Lines 1, 2,	and 3. Enter here and on the		60 -	12
					FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

# Schedule A Monetary Contributions Received

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

SCHEDULE A Statement covers period from 1/1/2010 CALIFORNIA FORM

nedule A onetary Contributions Received				through 3/17/2010		Page 7 of 7  1.D. NUMBER 1283907	
ISTRUCTION	IS ON REVERSE					120	9901
	v FOR SUPERVISOR	R CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR I	PER ELECTION TO DATE (IF REQUIRED)
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD			
ECEIVED		DIND					
		COM					
		□OTH □PTY					
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		☐IND					
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		☐OTH ☐PTY					
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		SUBTO	TAL\$				
					*Contribu	tor Codes	
						IND - Indi	aciniant Committee
Schedu	le A Summary	ions.		<b>c</b>		- 1-	that than PIY 01 300
1 Amour	t received this period – itemized monetary contributi			سر <sub>ت</sub> رسسر و		OTH - O	ther (e.g., business en
(Includ	e all Schedule A subtotalor, man	c1 4lo.	an \$100	\$		PTY - Po	olitical Party mall Contributor Commi
	t received this period – itemized monetary contribute e all Schedule A subtotals.)	outions of less th	an 4 100 mm	y- 1-0-	Į		
2. Amour	nonetary contributions received this period.  The property of a Fotor here and on the Summary Page		TOTAL	\$ 155	<del>_</del>	1	FPPC Form 460 (Janu 56/ASK-FPPC (866/275