Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	FIL #D	Date Stamp IN THE OFFICE OF T CHIEF PLECTIONS COUNTY, CALIF.	CALIFO FOR	
	Statement covers period from	Date of election if applicable:	AY 2 7 2010	Page	Official Use Only
SEE INSTRUCTIONS ON REVERSE	through9/30/2009	June 8, 201 WARREN SLO	CUM, Chief Electic	ons Officer	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure ommittee Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below) Sum.Pg -exact monies en	ation)		Report election n Form 495 To Date
3. COMBINITEE INFORMATION I	NUMBER 316065	Treasurer(s) NAME OF TREASURER Betti D'Acquisto MAILING ADDRESS 381 12th Street CITY Montara		ZIP CODE	AREA CODE/PHONE 650-728-7942
Montara CA 94037 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO PO Box 370265 CITY STATE ZIP COE Montara CA 94037 OPTIONAL: FAX / E-MAIL ADDRESS	650-207-2729 ×	NAME OF ASSISTANT TREASURER, I MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	F ANY	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing a under penalty of perjury under the laws of the State of California Executed on Date Executed on Date Executed on Date	this statement and to the best of my knot that the foregoing is true and correct. By By Sgratue of Correct	Signature of Tredsure Oracle Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proposers	er or Responsible Officer of Sp	-	complete. I certify

Page 2 of 14

	olled Committee	6.	s. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
April Vargas						
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
San Mateo County Board of Super	visors District 3					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP					
377 12th Street	Montara CA 94037		Identify the controlling offic		· · · · · · · · · · · · · · · · · · ·	ire proponent, if any
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PROP	ONENT	
	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEENAME	I.D. NUMBER					
		7	Drimonik, Formed Cond			
NAME OF TOPACHOED	CONTROLLED COMMITTEES	1.	Primarily Formed Cand			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s)			
		7.		for which this c		formed.
COMMITTEE ADDRESS STREET ADDR	YES NO	ι.	officeholder(s) or candidate(s)	NOIDATE	ommittee is primerily	ild support Oppose
COMMITTEE ADDRESS STREET ADDR	YES NO P.O. BOX)	,	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR CA	NOIDATE (ommittee is primerily DEFICE SOUGHT OR HE	ELD SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO RESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	,	NAME OF OFFICEHOLDER OR CA	MODIDATE C	ommittee is primerily DEFICE SOUGHT OR HE DEFICE SOUGHT OR HE	FLD SUPPORT OPPOSE SLD SUPPORT OPPOSE SLD SUPPORT OPPOSE SLD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR CITY ST COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	MODIDATE C	OFFICE SOUGHT OR HE	SUPPORT OPPOSE SLD SUPPORT OPPOSE SLD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 7/1/2009 CALIFORNIA 460 FORM Page 3 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1316065 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 29.904.61 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B, Line 3 9,725.61 20. Contributions 29,904,61 Received 308.67 408.67 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 10.034.28 30,313.28 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 5.989.53 19.155.28 Candidates 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 5,989.53 19.155.28 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) -2,500.00 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election **Total to Date** 308.67 408.67 (mm/dd/vv) 3,798,20 19.563.95 **Current Cash Statement** 7,013.25 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 9,725.61 13. Cash Receipts Column A. Line 3 above amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 5,989.53 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 10.749.33 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Mon

Type or print in ink.

Monetary Contributions Received		Amounts may be rounded to whole dollars.	ŀ	covers period 7/1/2009	CALIFO FOR	~~~
SEE INSTRUCTIO	NS ON REVERSE		through	9/30/2009	Page	t_ot_14_
	April Vargas for Supervisor 2010				1.D. NUMB 1316065	
	FULL NAME CYPEET APPRICE AND TO COPE OF CONTRIBUTOR	IF AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION

	April vargue for outportloor 2010				13100	
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)
9/18/2009	Roger Taylor 839 Columbus St. El Granada, CA 94018	DIND COM OTH PTY SCC	None	\$250.00	\$250.00	\$250.00 (P10)
9/21/2009	Mariquita West 19315 Bear Creek Rd. Los Gatos, CA 94031	D M H Y CO	None	\$500.00	\$500.00	\$500.00 (P10)
7/12/2009	Cynthia Wordell 867 Highlands Cir. Los Altos, CA 94024	IND COM OTH PTY SCC	None	\$100.00	\$100.00	\$100.00 (P10)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	850.00		

Schedule A Summary		
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	7,257.00
2. Amount received this period – unitemized monetary contributions of less than \$100		
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	. TOTAL \$	9,725.61

*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)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

1,450.00

SUBTOTAL\$

	to whole dollars.			from	2009		ORM 460
				through9/3	0/2009	Page.	5 or 14
NAME OF FILER						I.D. NU	MBER
Friends of	April Vargas for Supervisor 2010					1316	065
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)
7/15/2009	Sara Bassler 2582 Great Highway San Francisco, CA 94116	☑IND □COM □OTH □PTY □SCC	Psychiatrist San Mateo County	\$250.00	\$250	.00	\$250.00 (P10)
8/31/2009	Nancy Blachman 1538 Burlingame Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Math Tudor PDS	\$250.00	\$250	.00	(see below 9/19/09 entry for N.Blachman)
9/19/2009	Nancy Blachman 1538 Burlingame Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Math Tudor PDS	\$750.00	\$1,000	.00	\$1,000.00 (P10)
8/26/2009	Karen Brasher 363 Magnolia St. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100	.00	\$100.00 (P10)
7/24/2009	John Dicker 705 Alsace Lorraine Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Self-Employed Business Owner - Greenfield Learning Inc.	\$100.00	\$100	.00	\$100.00 (P10)

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)"

1	Staten	nent covers period	CALIFORNIA ACO
	from	7/1/2009	FORM 40U
	through	9/30/2009	Page 6 of 14
	<u> </u>		I.D. NUMBER
			1316065

Friends of April Vargas for Supervisor 2010

NAME OF FILER

AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TODATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ZIND George Cattermole Self Employed Store COM (see below entry \$50.00 \$50.00 7/15/2009 Owner - San Gregorio 7625 Stage Rd. OTH 9/18/09 San San Gregorio, CA 94074 □ PTY Store Gregorio Co.) SCC □IND The San Gregorio Company СОМ \$257.00 (P10) \$207.00 \$257.00 9/18/2009 Highway 84 and Stage Rd. ZOTH San Gregorio, CA 94074 PTY SCC **IND** Mary Ann Dillahunty Attorney COM \$150.00 (P10) 8/7/2009 \$150.00 \$150.00 107 San Pedro Rd. Oncolytics Blotech Inc. □отн Half Moon Bay, CA 94019 □ PTY □scc ZIND Carl Feldman None ПСОМ \$100.00 (P10) \$100.00 \$100.00 7/6/2009 228 Willow Rd. OTH Menio Park, CA 94026 □ PTY SCC **Z**IND Artist Sally Green ПСОМ \$100.00 (P10) 9/22/2009 \$100.00 \$100.00 297 14th St. Sally K. Green OTH Montara, CA 94037 □ PTY SCC SUBTOTAL \$ 607.00

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)"
Stater	nent covers period 7/1/2009	california 460
through	9/30/2009	Page 7 of 14

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1.D. NUMBER 1316065

Filerius Oi /	April vargas for Supervisor 2010				13100	00
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)
7/14/2009	William Collins 531 Johnson Ave. Pacifica, CA 94044	ZIND COM OTH PTY SCC	None	\$150.00	\$150.00	\$150.00 (P10)
7/27/2009	Stephen Freer 984 Pilarcitos Ave. Haif Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	(see below entry 9/19/09 for S. Freer)
9/18/2009	Stephen Freer 984 Pilarcitos Ave. Half Moon Bay, CA 94019	ZIND COM OTH PTY SCC	None	\$50.00	\$100.00	\$100.00 (P10)
7/12/2009	Nonette Hanko 3172 Emerson St. Palo Alto, CA 94036	☑IND □COM □OTH □PTY □SCC	Officer Midpeninsula Region Open Space District	\$100.00	\$100.00	\$100.00 (P10)
7/12/2009	Jerry Hearn 144 El Nido Rd. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	Teacher Peninsula School	\$150.00	\$150.00	\$150.00 (P10)
			SUBTOTAL	\$ 500.00		

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

	to whole donars.		from7/1/	2009	F	ORM 40U	
				through 9/3	0/2009	Page_	8 of 14
Friends of	April Vargas for Supervisor 2010					1.D. NU 13160	
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/15/2009	Raymond Hoche-Mong 835 George St. Montara, CA 94037	Z IND COM OTH PTY SCC	Innkeeper Goose & Turrets	\$100.00	\$100.	00	\$100.00 (P10)
9/19/2009	Arthur Hofmayer 668 Farallone Ave. Montara, CA 94037	IND COM OTH PTY SCC	Social Worker Jewish Home	\$100.00	\$100.	00	\$100.00 (P10)
8/1/2009	Patricia Hooper 501 Portola Rd. # 8033 Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$500.00	\$500.	00	\$500.00 (P10)
8/1/2009	Carol Jacobs 501 Portola Rd. #8079 Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.	00	\$100.00 (P10)
8/21/2009	Joel Jones 2135 Isabelle Ave. San Mateo, CA 94403	Z IND COM OTH PTY SCC	Federal Employee US EPA	\$100.00	\$100.	00	\$100.00 (P10)
			SUBTOTAL	\$ 900.00			

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(other than PTY or SCC)

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

	\(\)			from7/1/2009		FORM 400	
				through 9/3	0/2009	Page _	9 01 14
Friends of	April Vargas for Supervisor 2010					1.D. NUI 13160	
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-EMPLOYEO, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/18/2009	Chuck Kozak 7615 Stage Rd. San Gregorio, CA 94034	☑IND □COM □OTH □PTY □SCC	Ecological Restorer GO Native Inc.	\$100.00	\$100.	.00	\$100.00 (P10)
8/8/2009	Charles Lintell 474 8th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Manager VMware Inc.	\$500.00	\$500.	00	\$500.00 (P10)
9/18/2009	Jonathan Lundell 501 Lucy Ln. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	CTO VPEP Techology Corp	\$100.00	\$100.	00	\$100.00 (P10)
8/1/2009	Keith Mangold 660 Palma St. El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Consultant Metastorm	\$100.00	\$100.00		\$100.00 (P10)
7/24/2009	Patty Mayall 12700 Old La Honda Rd. Woodside, CA 94062	ZIND COM OTH PTY	Sales The Pet Place	\$100.00	\$100.	00	\$100.00 (P10)
			SUBTOTAL	\$ 900.00			

*Contributor Codes

IND - Individual

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

PTY - Political Party

Type or print in ink.

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SCH	FINE	11 1-	A 1	C 26 3F	411	i
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Monetary Contributions Received	to whole d	to whole dollars.		from		FORM 460	
			through 9	/30/2009	Page /	0 of 14	
NAME OF FILER					I.D. NUM	BER	٦
Friends of April Vargas for Supervisor 2010					13160	35	
			AMOUNT	CHASH ATNET	ODATE	DED CLECTION	_

1 1101100 017	April Valgas for Oupervisor 2010					
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)
7/15/2009	Olive Mayer 245 Josselyn Ln. Woodside, CA 94062	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
7/7/2009	Dave McClure 14 Trasker Ln. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Consultant Dave McClure	\$100.00	\$100.00	\$100.00 (P10)
8/19/2009	Dr. Thomas Newman 537 Vista Ave. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Professor UCSF	\$100.00	\$100.00	\$100.00 (P10)
7/7/2009	Dorothy Norris 112 Codo Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Marine Biologist CCSF / SFPUC Natural Resources	\$100.00	\$100.00	\$100.00 (P10
7/20/2009	Brad O'Brien 1655 Bay Laurel Ave. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Attorney Wilson Sonsini Goodrich Rosati	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
			SUBTOTAL	1,400.00		

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CON I.)
Statement covers period		CALIFORNIA 160
from	7/1/2009	FORM 46U
through	9/30/2009	_ Page of
		I.D. NUMBER
		1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

	+ + + + + + + + + + + + + + + + + + +					0.00
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)
7/20/2009	Bonny O'Daniels 330 8th St. Montara, CA 94037		None	\$100.00	\$100.00	\$100.00 (P10)
9/20/2009	Dave Pine 320 Chapin Ln. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Attorney Dave Pine	\$250.00	\$500.00	\$500.00 (P10)
8/6/2009	Joel Schreck 265 Golden Hills Dr. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
9/17/2009	David Smernoff 112 Foxwood Dr. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	Research David Smernoff	\$100.00	\$100.00	\$100.00 (P10)
7/10/2009	Bern Smith 910 Malaga St. El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Trail Coordinator Ridge Trail Council	\$100.00	\$100.00	\$100.00 (P10)
			SUBTOTAL	\$ 650.00		

*Contributor Codes

IND - individual

COM -- Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE Statement covers period CALIFORNIA 7/1/2009 FORM from 9/30/2009 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends o	f April Vargas for Supervisor 2010					131606	5
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2009	Walter Simonson 1365 Flores Dr. Pacifica, CA 94044	Z IND COM OTH PTY SCC	Retailer Budget Blinds	Food for San Gregorio campaign reception	\$300.00	\$300.00	\$300.00 (P10)
		☐IND☐COM☐OTH☐PTY☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC				-	
Attach ad	ditional information on appropriately lai	beled continuat	ion sheets.	SUBTOTAL	300.00		

Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions. (include all Schedule C subtotals.)	s	300.00
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100		8.67
	Total nonmonetary contributions received this period.		

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SCC - Small Contributor Committee

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

308.67

Schedule E

Type or print in ink. Amounts may be rounded

		SCHEDULEE
Statement covers period		CALIFORNIA 160
from	7/1/2009	FORM 400
through _	9/30/2009	Page 13 of 14
		I.D. NUMBER
		1316065

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of April Vargas for Supervisor 2010 1316065

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FiL candidate filling/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MER member com meetings and office expen petition circul PHO phone banks POL polling and s postage, deli	munications d appearances ses lating survey researd ivery and mes	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals	oduction costs ns salaries sand production costs ging, and meals lodging, and meals mmittees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID	
Best Buy 200 Colma Blvd Colma, CA 94014		OFC		\$218.49	
Creative Data 2279 W. 26th Place, Suite 4 Los Angeles, CA 90018		CNS		\$100.00	
Click & Pledge 2200 Kraft Dr., Suite 1175 Blacksburg, Virginia			Online donation Payment System expenditures	\$246.87	
* Payments that are contributions or independent expenditures r	must also be summ	arized on S	chedule D. SUBTOTAL\$	565.36	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from	•••••		\$ <u></u>	5,824.22 165.31 0	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE E (CONT.)

1316065

Statement covers period **CALIFORNIA** 7/1/2009 **FORM**

from. 9/30/2009 through

I.D. NUMBER

Friends of April Vargas 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. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances 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 candidate filing/ballot fees PHO phone banks

TRC candidate travel, lodging, and meals FND fundralsing events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS

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

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 (OR DESCRIPTION OF PAYMENT	AMOUNT PAID
William Berry Campaigns 1630 S. Street, Suite B Sacramento, CA 95814	CNS		\$5,000.00
United States Postal Service 215 7th Street Montara, CA 94037	POS		\$151.33
Carl Becker 1710 Broadway St., #20 Sacramento, CA 95818	СМР		\$107.53

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

SUBTOTAL \$

5.258.86

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)	Type or prin	nt in Ink	
Odde Sections 84200-84216.5)			•,
,		こに作り。	THE DERIGE OF THE COVE
	Statement covers period	OF SAN MATEO COL	UNITY CALLE
SEE INSTRUCTIONS	from1/1/2009	Date of election is	FORM 4
SEE INSTRUCTIONS ON REVERSE		(Month, Day, Year) MAY	0 -
1. Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee State Candidate Election Committee	through6/30/2009	1	2 7 2010 Page of
Officehalt	3,00/2009	June 8, 2010 WARREN SLOCUM	A, Chief Elections Officer
O State Controlled Committees -	Complete Parts 1. 2. 3. and 4.	W 0Ga	
	' ''' 'G' IIV FARMA	2. Type at a line at a lin	otomic
(Also Complete Part 5)	Committee Ballot Measure		TYCIERK
	○ Controlled	Preelection State	
General Purpose Committee Sponsored	Sponsored (Also Complete Part 6)	I TOTAL PROPERTY OF THE PROPER	C) Quarter -
O Small Canali	· ·		Quarterly Statement
O Political Party/Central Committee	Primarily Formed Candidate/		Supplement Supplement
	Officeholder Committee Also Complete Part 7)	Amendment (Explain below)	
3. Committee Inform	Compacto Pan 7)	- Avant	Mulich Form 495
COMMITTEE NAME (OD -	NUMBER	Date info entered o	tered; Sched's A & C B
	316065	-exact	Statement - Attach Form 495 Itered; Sched's A & C - Per Elect To expenses entered & adj.unitemize
Friends of April Vargas for Supervisor 2010		Treasurer(s)	expenses entered & adjunitemize
Supervisor 2010	•	NAME OF THE	3,7911117.6
STREET ADDRESS OF		NAME OF TREASURER	
377 12th Street		Betti D'Acquisto	
CITY		MAILING ADDRESS	
Montara		381 12th Street	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	AREA CO	Management	
PO Box 37000	AREA CODE/PHONE 650-207-2729	Montara STA	TE ZIP CODE
CITY STREET OR P.O. BOX		NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHOVE
Monie		ANY IT ANY	650-728-7942
OPTIONAL FAX.	ADC	MAILING ADDRESS	
OPTIONAL: FAX / E-MAIL ADDRESS CA 94037	AREA CODE/PHONE	CITY	
Verification		STATE	ZIP CODE
have used all reasonable diligence le		OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE
Verification have used all reasonable diligence in preparing and reviewing this strinder penalty of perjury under the laws of the State of California that the Executed on Date Executed on Date Executed on Date Executed on Date		883700	
Executed as 5 5 6	atement and to the best of my know		
A A 10	e to regoing is true and correct	the information contains the	
Executed on h	~ 150AD. (d/	named herein and in the attached	death of
2010	or a second	L Van. t	a schedules is true and complete. Leading
Executed on	AU THOU	Spratture of Treasurer or Assistant Treasurer	Centry
Date	Sphare	Stage I or Assistant Treasurer	
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Date	3,	eholder, Oandidate, State Measure Proponent or Responsible Officer of S	
	By	Controlling Officeholder, Candidate, State Measure Proponent	>ponsor
	Street	State Measure Proponent	
	out restrict of C	Controlling Officeholder, Candidate, State Measure Proponent	_
		ocate Measure Proponent	
		FPPC TAILE.	FPPC Early

		Committee			Primarily Formed Bal	lot Measure	Committee	
NAME OF OFFICEHOLDER OR CA	NDIDATE				NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		
April Vargas								
OFFICE SOUGHT OR HELD (INCL	UDE LOCATION AND	DISTRICT NUMBER	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	SUPPORT
San Mateo County Board	d of Supervisors	District 3						OPPOSE
RESIDENTIAL/BUSINESS ADDRES	S (NO. AND STREE	ET) CITY	STATE ZIP					
377 12th Street	h	Montara CA 9	4037		Identify the controlling o			re proponent, if an
	······································				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT	
Related Committees No not included in this statement to contributions or make expendit	that are controlled	by you or are prin			OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME		I.D. NUN	/BER					
NAME OF TREASURER		CONTRO	DLLED COMMITTEE?	7.	Primarily Formed Ca	ndidate/Offic	ceholder Committee	List names of
							la committaa la ndmadiu 6	
		□ YE	ES NO				is committee is primarily fo	ormed.
COMMITTEE ADDRESS S'	TREET ADDRESS (N		ES NO		NAME OF OFFICEHOLDER OF		OFFICE SOUGHT OR HEL	ormed.
	TREET ADDRESS (N		AREA CODE/PHONE			CANDIDATE	-	D SUPPORT OPPOSE D SUPPORT
COMMITTEE ADDRESS S'		IO P.O. BOX)	AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE NAME		IO P.O. BOX) ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE
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Campaign Disclosure Statement Summary Page

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

Statement covers period CALIFORNIA 16

SUMMARY PAGE

Contributions Dessived	Column A	Column B	Calendar Year Sun	nmary for Candi	dates
Friends of April Vargas for Supervisor 2010				1316065	
NAME OF FILER				I.D. NUMBER	
SEE INSTRUCTIONS ON REVERSE		through	6/30/2009	Page 3 of	. 19
Summary rage	to whole donars.	from	1/1/2009	FORM	400

Contributions Received 1. Monetary Contributions	\$ Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES) 20,179.00 0 20,179.00 100.00 20,279.00	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 20,179.00 0 20,179.00 100.00 20,279.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0 \$ 0 21. Expenditures Made \$ 0 \$ 0
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 13,165.75 0 13,165.75 2,500.00 100.00 15,765.75	\$ \$	13,165.75 0 13,165.75 2,500.00 100.00 15,765.75	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0 20,179.00 0 13,165.75 7,013.25	an co fro rej Co fig su pe the	calculate Column B, add nounts in Column A to the rresponding amounts in Column B of your last cort. Some amounts in diumn A may be negative ures that should be btracted from previous right of amounts. If this is a first report being filed in this calendar year, only rry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 2,500.00	fro	rry over the amounts im Lines 2, 7, and 9 (if iy).	FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Schedule A

Type or print in ink. Amounts may be rounded SCHEDULE A

Monetary (onetary Contributions Received		whole dollars.	from1/1/2	/2009 CALIFOR				
				through6/3	0/2009	Page	+ of 19		
SEE INSTRUCTION	NS ON REVERSE			anvagn		I.D. NUM	RED VI		
NAME OF FILER	April Vargas for Supervisor 2010					131606			
Friends of	April Vargas for Supervisor 2010	 			T				
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)		
5/11/2009	Thomas Judge 287 7th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Translator Thomas Judge	\$100.00	\$100.00		\$100.00		\$100.00 (P10)
1/25/2009	Suzanne Stephanik 725 San Pedro Mountain Rd. Montara, CA 94037	Z IND COM OTH PTY SCC	Consultant Suzanne Stephanik	\$300.00	\$300	.00	\$300.00 (P10)		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL	400.00					
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		•	18,400.00	IND		nt Committee		
				1,779.00	ОТ		han PTY or SCC) e.g., business entity)		
3. Total mone	eceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli			20,179.00			Party ontributor Committee		

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

wonetary Contributions Received	to whole dollars.	from1/1/2009	california 460
		through 6/30/2009	Page 5 of 19
IAME OF FILER			I.D. NUMBER
Friends of April Vargas for Supervisor 2010			1316065
		· · · · · · · · · · · · · · · · · · ·	

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)
6/15/2009	Laurie McMahon 436 Sonora Ave El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Teacher CUSD	\$100.00	\$100.00	\$100.00 (P10)
2/17/2009	Christine Mendonca 1605 Sunshine Valley Road Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
6/25/2009	Mary DeLong 1271 Main St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
5/26/2009	League for Coastside Protection 633 Terrace Ave. Half Moon Bay, CA 94019	□IND ☑COM □OTH □PTY □SCC	ID #1234363	\$250.00	\$250.00	\$250.00 (P10)
6/27/2009	Jim Blanchard 1290 Columbus St. El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Scientist Aradigm Corp.	\$500.00	\$500.00	\$500.00 (P10)
			SUBTOTALS	1,950.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065

I Hollac of	this vargas to Cupervisor 2010					
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)
1/24/2009	Gina Mello 1152 Seville Dr. Pacifica, CA 94044	☑IND □COM □OTH □PTY □SCC	Consultant DPJ Associates	\$100.00	\$100.00	\$100.00 (P10)
4/6/2009	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Sociologist Brigid O'Farrell	\$100.00	\$100.00	\$100.00 (P10)
2/24/2009	Jeff Olson 377 12th St. Montara, CA 94037	Z IND COM OTH PTY SCC	Carpenter Jeff Olson	\$100.00	\$100.00	\$100.00 (P10
6/24/2009	Diane Papan 233 Eaton Rd. San Mateo, CA 94402	☑IND □COM □OTH □PTY □SCC	Attorney Diane Papan	\$250.00	\$250.00	\$250.00 (P10
6/29/2009	Katie Sanborn 855 Ferdinand Ave. El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Director of Editorial Svcs. OTR Global LLC	\$500.00	\$500.00	\$500.00 (P10
			SUBTOTAL	\$ 1,050.00		

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(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.)
Staten	nent covers period 1/1/2009	california 460
through	6/30/2009	Page 7 of 19
		I.D. NUMBER
		1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of A	April Vargas for Supervisor 2010					
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)
5/17/2009	Kathryn Slater-Carter 1452 Alamo St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Management Consultant Slater Associates	\$500.00	\$500.00	\$500.00 (P10)
2/7/2009	Tom Wynveen 3167 23rd St. San Francisco, CA 94110	☑IND □COM □OTH □PTY □SCC	HR Clorox	\$100.00	\$100.00	\$100.00 (P10)
6/15/2009	Christina Bechtold 320 Fairway Dr. Haif Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Manager Prime Label Consultants	\$200.00	\$200.00	\$200.00 (P10)
5/18/2009	Andrew Calman 3201 Mission St. San Francisco, CA 94110	☑IND □COM □OTH □PTY □SCC	Physician Premier Eye Care	\$100.00	\$100.00	\$100.00 (P10)
2/3/2009	Alan Fleishman 3 Bluebell Ln. San Carlos, CA 94070	ZIND COM OTH PTY SCC	None	\$100.00	\$100.00	\$100.00 (P10
			SUBTOTAL	\$ 1,000.00		

*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.)

CALIFORNIA

FORM

Statement covers period

from.

1/1/2009

NAME OF FILER Friends of	April Vargas for Supervisor 2010			through 6/30		Page	of <u>19</u>
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 I CALENDAR YE (JAN. 1 - DEC.	AR T	ELECTION ODATE REQUIRED)
4/20/2009	Alfonza Hipona 448 Woodrow St. Daly City, CA 94014	☑IND □COM □OTH □PTY □SCC	Lead Mechanic Westlake Associates	\$200.00	\$200.0	\$2	200.00 (P10)
6/22/2009	Donna Ito 780 Ringwood Ave. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.0	\$	100.00 (P10)
2/12/2009	Eric Trefelner 102 12th Street Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Doctor Nightshift Radiology	\$1,000.00	\$1,000.0	\$1,	000.00 (P10)
2/22/2009	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	None	\$200.00	\$200.0	\$	200.00 (P10)
3/10/2009	Jackie Watkins 836 Newport Circle Redwood Shores, CA 94065	ZIND COM OTH PTY SCC	None	\$100.00	\$100.	\$	100.00 (P10)
			SUBTOTAL	.\$ 1,600.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

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

SCHEDULE A	(CONT.)
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CALIFORNIA

Statement covers period

		to whole c		from1/1/2	2009	FO	RM 400		
				through6/30	0/2009	raye	9 01 19		
NAME OF FILER						I.D. NUM			
Friends of	April Vargas for Supervisor 2010					131606	35		
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 \ (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
6/15/2009	Leonard Price 1235 37th Avenue San Francisco, CA 94122		Neurologist Altabates Summit Med. Ctr.	\$100.00	\$100.00 \$250.00 \$250.00		\$100.00		\$100.00 (P10)
6/3/2009	Lennie Roberts 339 La Cuesta Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	Volunteer Committee for Green Foothills	\$250.00			\$250.00 (P10)		
5/5/2009	Jessica Rose 217 Central Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Professor Stanford	\$250.00			\$250.00 (P10)		
6/17/2009	Judith Shmueli 1054 Jamaica St. Foster City, CA 94404	ZIND COM OTH PTY	None	\$100.00	\$100	0.00	\$100.00 (P10)		
2/11/2009	Larry Hassett 22286 Skyline Blvd. La Honda, CA 94020	☑IND □COM □OTH □PTY □SCC	Owner Palo Alto Hardware	\$500.00	\$500	0.00	\$500.00 (P10)		

SUBTOTAL\$

1,200.00

*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.)

CALIFORNIA

Statement covers period

•		to whole dollars.			2009	FORM 400	
				through6/30	0/2009	Page _	10 of 19
NAME OF FILER						I.D. NU	MBER
Friends of A	April Vargas for Supervisor 2010					13160)65
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 YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/27/2009	Ric Lohman 420 1st Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Computer Manager Gladstone Institute	\$200.00	\$200.00 \$500.00		\$200.00 (P10)
6/26/2009	Thomas Bailard 127 Selby Ln. Atherton, CA 94027	☑IND □COM □OTH □PTY □SCC	Investment Manager Bailard, Inc.	\$500.00			\$500.00 (P10)
4/15/2009	Steve Blank 216 Marmona Dr. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Lecturer Stanford University	\$1,000.00	\$1,000	.00	\$1,000.00 (P10)
5/30/2009	David Bomberger 2021 Arbor Ave. Belmont, CA 94002	☑IND □COM □OTH □PTY □SCC	Chemical Engineer Target Discovery Inc.	\$100.00	\$100.00		\$100.00 (P10)
6/26/2009	Joanne Bruggemann 3 Lido Circle Redwood City, CA 94065	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100	.00	\$100.00 (P10)
			SUBTOTAL	.\$ 1,900.00			

*Contributor Codes

IND - individual

COM -- Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 160

Statement covers period

2,550.00

SUBTOTAL\$

		to whole t		from1/1/2	2009	FO	RM 400
				through6/3	0/2009	Page	11_of_19_
NAME OF FILER						I.D. NUM	IBER
Friends of	April Vargas for Supervisor 2010					13160	65
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \() (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
2/8/2009	Kelly Fergusson 168 Oak Court Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Energy Consultant Siemens	\$200.00	\$200.00 \$100.00		\$200.00 (P10)
6/18/2009	Mike Aydelott 67 Pine Ave. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Consultant Michael Aydelott Consulting, Inc.	\$100.00			\$100.00 (P10)
5/17/2009	Susan Lang 250 Hardwick Road Woodside, CA 94062	☑IND □COM □OTH □PTY □SCC	None	\$1,000.00	\$1,000	0.00	\$1,000.00 (P10)
5/1/2009	Pete LaTourrette 1019 Loma Prieta Ct. Los Altos, CA 94024	☑IND □COM □OTH □PTY □SCC	None	\$250.00	\$250	0.00	\$250.00 (P10)
5/15/2009	Robert Levenson 250 Oak Grove Ave. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Financial Consultant PA Inc.	\$1,000.00	\$1,000	0.00	\$1,000.00 (P10)

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 1/1/2009 FORM from_ 6/30/2009 through. I.D. NUMBER 1316065

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010				13160	065
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)
5/19/2009	Margaret MacNiven 22400 Skyline Blvd., Apt. 17 La Honda, CA 94020	☑IND □COM □OTH □PTY □SCC	Owner Buck's of Woodside	\$100.00	\$100.00	\$100.00 (P10)
6/18/2009	Rosemary Malvey 633 Terrace Ave. Half Moon Bay, CA 94019	Z IND COM OTH PTY SCC	Hospice Chaplain Sutter VNA and Hospice	\$100.00	\$100.00	\$100.00 (P10)
6/25/2009	Steve Marchick 27 Alverno Ct. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Consultant Redwood Capital Management	\$100.00	\$100.00	\$100.00 (P10)
1/31/2009	Andrew Byrnes 1277 Westwood Dr. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Attorney Covington & Burling LLP	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
5/20/2009	Mary Davey 12645 La Crest Dr. Los Altos, CA 94022	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
			SUBTOTAL	\$ 1,400.00		

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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.

SCH	EDL	ΙLΕ	Α	(CON	1.)

Stater	nent covers period	CALIFORNIA ACO
from	1/1/2009	FORM 40U
through	6/30/2009	Page 13 of 19
L		I.D. NUMBER
		1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of A	April vargas for Supervisor 2010					
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2009	Melissa Lane 148 Kelly Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Reg. Nurse Wavery Surgery Ctr	\$125.00	\$125.00	(see below 5/15/09 entry for M.Lane)
5/15/2009	Melissa Lane 148 Kelly Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Reg. Nurse Wavery Surgery Ctr	\$125.00	\$250.00	\$250.00 (P10)
1/31/2009	Gloria Vargas 13514 W. White Rock Dr. Sun City West, AZ 85375	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	(see below 6/29/09 entry for A.Vargas)
5/2/2009	Gloria Vargas 13514 W. White Rock Dr. Sun City West, AZ 85375	☑IND □COM □OTH □PTY □SCC	None	\$200.00	\$200.00	(see below 6/29/09 entry for A.Vargas)
6/29/2009	Gloria Vargas 13514 W. White Rock Dr. Sun City West, AZ 85375	☑IND □COM □OTH □PTY □SCC	None	\$700.00	\$700.00	\$1,000.00 (P10)
SUBTOTAL\$ 1,250.00						

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(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

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

		SCHEDULE A (CONT.)
Stater	nent covers period 1/1/2009	CALIFORNIA 460
through	6/30/2009	Page 14 of 19
		I.D. NUMBER

AME OF FILER Friends of A	April Vargas for Supervisor 2010					1.D. NUN 13160	
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)
5/26/2009	John Moseley 524 Almeria Ave. El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Pilot United Airlines	\$100.00	\$100	.00	\$100.00 (P10
5/6/2009	Ralph Nobles 3720 Country Club Drive Redwood City, CA 94061	Z IND COM OTH PTY SCC	None	\$100.00	\$100	.00	\$100.00 (P10
3/9/2009	Gina Papan 440 Green Hills Drive Milbrae, CA 94030	☑IND □COM □OTH □PTY □SCC	Attorney Calif. Dept. of Justice	\$250.00	\$250	.00	\$250.00 (P10
1/12/2009	David Pine 320 Chapin Ln. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Attorney David Pine, Attorney at Law	\$250.00	\$250	.00	\$250.00 (P10
6/15/2009	Betty Pollack 316 Sycamore St. San Carlos, CA 94070	ZIND COM OTH PTY SCC	None	\$100.00	\$100	0.00	\$100.00 (P10
			SUBTOTAL	\$ 800.00			

*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 FORM 1/1/2009 from. 6/30/2009 through I.D. NUMBER 1316065

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010				13160	965
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)
6/15/2009	Holly Van Houten 2200 Hacienda St. San Mateo, CA 94403	☑IND □COM □OTH □PTY □SCC	Consultant Holly Van Houten	\$100.00	\$100.00	\$100.00 (P10)
6/23/2009	Thomas Jordan 474 Churchill Ave. Palo Alto, CA 94301	Z IND COM OTH PTY SCC	None	\$200.00	\$200.00	\$200.00 (P10)
5/17/2009	Dana Kimsey 173 Correas Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Insurance Michael and Dana Kimsey, Inc.	\$250.00	\$250.00	\$250.00 (P10)
6/18/2009	Kenneth King 633 Terrace Ave. Half Moon Bay, CA 94019	ØIND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
6/24/2009	Daniel Latini 233 Eaton Rd. San Mateo, CA 94015	☑IND □COM □OTH □PTY □SCC	Real Estate Consultant Daniel Latini	\$250.00	\$250.00	\$250.00 (P10)
			SUBTOTALS	900.00		

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(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.

CONTRIBUTOR

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□ scc VIND

ПСОМ

□отн

□ PTY SCC **Z**IND

COM

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PTY SCC **IND**

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□ PTY □scc **☑**IND

ПСОМ

□отн

□ PTY SCC Healthcare Mgt. Consult.

SUBTOTAL \$

Ann C. Forrister

CODE *

Statem from	ent covers period 1/1/2009	CALIFORNIA FORM	460
through	6/30/2009	Page 16 o	19

I.D. NUMBER

1316065

SCHEDULE A (CONT.)

\$1,000.00 (P10)

NAME OF FILER

DATE

RECEIVED

6/19/2009

6/9/2009

5/5/2009

5/30/2009

5/15/2009

Friends of April Vargas for Supervisor 2010

Claudia Rourke

45 Kyne Road

Richard Gates

1993 Carlos St.

Hertha Harrington

Woodside, CA 94062

491 El Granada Blvd.

Montara, CA 94037

El Granada, CA 94018

78 Morse Lane

Sandy Emerson

Ann Forrister

511 5th St.

Pescadero, CA 94060

Moss Beach, CA 94038

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

(IF COMMITTEE, ALSO ENTER (.D. NUMBER)

PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER TODATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF SELF-EMPLOYED, ENTER NAME None \$150.00 (P10) \$150.00 \$150.00 None \$500.00 (P10) \$500.00 \$500.00 None \$250.00 (P10) \$250.00 \$250.00 Website & \$500.00 (P10) \$500.00 \$500.00 Communications Consultant - Hired Pen

\$1,000.00

2,400.00

*Contributor Codes

IND - Individual

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(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)

\$1,000.00

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends o	April valgas for Supervisor 2010						
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 BELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/2009	Marcia Doty 11944 Walnut Ct. Auburn, CA 95602	☑IND □COM □OTH □PTY □SCC	Hair Stylist Marcia Doty	Hair Styling for candidate - campaign photos taken	\$100.00	\$100.00	\$100.00 (P10)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
And the second s		□IND □COM □OTH □PTY □SCC					
Attach ad	iditional information on appropriately labo	eled continua	tion sheets.	SUBTOTAL	\$ 100.00		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

Schedule E

Type or print in ink.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA ACO
from	1/1/2009	FORM 400
through .	6/30/2009	Page 18 of 19
		I.D. NUMBER
		1316065

Amounts may be rounded **Payments Made** to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of April Vargas for Supervisor 2010 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc.

RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses petition circulating t.v. or cable airtime and production costs PET TEL CVC civic donations candidate travel, lodging, and meals PHO phone banks TRC candidate filing/ballot fees polling and survey research staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration legal defense LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	PR DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert Caughlan 1777 Borel Place, #309 San Mateo, CA 94402	CNS		\$250.00
Ray Frayne Photography 609 Larchmont Drive Daly City, CA 94015		Professional photographs of candidate for campaign	\$267.37
WaterWork Art PO Box 367 Moss Beach, CA 94038	LIT		\$1,000.00
* Payments that are contributions or independent expenditure	res must also be summarized on S	chedule D. SUBTOTAL\$	1,517.37

Schedule E Summary 12,872.55 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 293.20 2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 13,165.75

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	eb

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE	E (CONT.)
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Statement covers period		CALIFORNIA /CO
from	1/1/2009	FORM 400
through 6/30/2009	Page 19 of 19	
		I.D. NUMBER 1316065

Friends of April Vargas for Supervisor 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL staff/spouse travel, lodging, and meals TRS polling and survey research FND

FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

POL polling and survey research
POS postage, delivery and messenger services professional services (legal, accounting)
print ads

TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spotlight Design & Printing 725 Bryant Street San Francisco, CA 94107	LIT		\$421.58
Gowans Printing Company 1310 H Street Modesto, CA 95354	LIT		\$2,833.60
Carina Merrick 655 Gilbert Avenue Menlo Park, CA 94025	WEB		\$600.00
William Berry Campaigns 1630 S Street, Suite B Sacramento, CA 95818	CNS		\$7,500.00

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

SUBTOTAL \$

11,355.18

Recipient Committee Campaign Statement Cover Page	Type or print in	INK.	HE OFFICE OF THE HEF PLECTIONS OFFICE	FORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period 3/18/2010	Date of election if applicable: (Month, Day, Year) MAY	2 7 2010 F	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through5/22/2010		UTY CLERK	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement.		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarity Formed Ballot Measure Committee Controlled Sponsored (Aso Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	Quarterly Stat Special Odd-\ Supplemental Statement - A	∕ear Report
General Purpose Committee Sponsored	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
	D. NUMBER 1316065	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
		Betti D'Acquisto		
Friends of April Vargas for Supervisor 2010		MAILING ADDRESS		
	·	381 12th Street	STATE ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		CITY	CA 94037	650-728-7942
377 12th Street		Montara NAME OF ASSISTANT TREASURER, IF A		
CITY	37 650-207-2729	MAINE OF AGGICATION THE STATE OF		
Montara CA 940		MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	, BOX	III/(III/(III/(III/(III/(III/(III/(III		
PO Box 370265	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
CA 940				
Montara CA 540 OPTIONAL: FAX / E-MAIL ADDRESS	101	OPTIONAL: FAX / E-MAIL ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS				
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo Executed on Date Executed on Date	ving this statement and to the best of my mia that the foregoing is true and correct By By By	A Company of Assistant Treasurer A Comp	Responsible Officer of Sponsor	ue and complete. I certify

Recipient Committee Campaign Statement Cover Page — Part 2

_	COVER PAGE - PART 2				
CALII F(FORNIA DRM	460			
Page	2	23			

Officeholder or Candidate Contro	United Committee	N	AME OF BALLOT MEASURE				
IAME OF OFFICEHOLDER OR CANDIDATE		140	THE OF BALLOT HIS 19 11				
April Vargas		- B	ALLOT NO. OR LETTER	JURISDICTIC	N	□s	SUPPORT OPPOSE
	ON AND DISTRICT NUMBER IF APPLICABLE)						PPOSE
San Mateo County Board of Supe		-					
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	DSIREE!) OIT	le	dentify the controlling of	ficeholder, car	ndidate, or state	e measure pro	oponent, if a
377 12th Street	Montara CA 94037	7	IAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	<u> </u>	
Related Committees Not Include	ed in this Statement: List any committees	7	OFFICE SOUGHT OR HELD		DI	ISTRICT NO. IF	ANY
not included in this statement that are col contributions or make expenditures on be	ntrolled by you or are primarily formed to receive shalf of your candidacy.						
COMMITTEE NAME	I.D. NUMBER	-					
JOMMIT I EE IVAIRE							
		7. 1	Primarily Formed Ca	ndidate/Offic	ceholder Com	nmittee List	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. [Primarily Formed Ca	ndidate/Offic (s) for which thi	s committee is p	oriniarily forme	t names of d.
	☐ YES ☐ NO	•	Primarily Formed Ca officeholder(s) or candidate	(s) for which thi	OFFICE SOUGH	oriniarily forme	SUPPO
		•	officeholder(s) or candidate	(s) for which thi	s committee is p	oriniarily forme	SUPPO
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)	1	officeholder(s) or candidate	(s) for which thi	s committee is p	HT OR HELD	SUPPOS
COMMITTEE ADDRESS STREET ADD	YES NO	1	officeholder(s) or candidate	(s) for which thi	OFFICE SOUGH	HT OR HELD	SUPPOS
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)	, ,	officeholder(s) or candidate NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	(S) for which the	OFFICE SOUGH	HT OR HELD	SUPPOS SUPPOS OPPOS
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COMMITTEE ADDRESS STREET ADD	YES NO NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER		Officeholder(s) or candidate NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPO
COMMITTEE ADDRESS STREET ADD	YES NO ORESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		officeholder(s) or candidate NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPO
COMMITTEE ADDRESS STREET ADD CITY COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER		Officeholder(s) or candidate NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD	SUPPOS SUPPOS OPPOS

Campaign Disclosure Statement Summary Page

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

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1316065 Friends of April Vargas for Supervisor 2010

Contributions Received	(Column A TOTAL THIS PERIOD FROMATTACHED 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		16,270.00 0 16,270.00 420.17 16,690.17	\$.	61,543.61 0 61,543.61 3,965.91 65,509.52	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0 \$ 0
Expenditures Made 6. Payments Made	\$	17,547.64 0 17,547.64 0 420.17 17,967.81	\$	54,534.66 0 54,534.66 0 3,965.91 58,500.84	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance		8,242.32 16,270.00 0 17,547.64 6,964.68	arr co fro rep Co fig su pe	calculate Column B, add nounts in Column A to the rresponding amounts m Column B of your last port. Some amounts in slumn A may be negative ures that should be btracted 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 Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	. \$	0	ca	r this calendar year, only rry over the amounts om Lines 2, 7, and 9 (if ny).	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 3/18/2010 CALIFORNIA 460 FORM Through 5/22/2010 Page 4 of 23 I.D. NUMBER

1316065

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of	April Vargas for Supervisor 2010					
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2010	Pat Walker 300 Arlington Way Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Attorney Pat Walker	\$100.00	\$100.00	\$100.00 (P10)
4/2/2010	Robert Wheeler 502 Roosevelt Way San Francisco, CA 94114	☑IND □COM □OTH □PTY □SCC	Real Estate Paragon	\$100.00	\$100.00	\$100.00 (P10)
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SURTOTAL	\$ 200.00		

Schedule A Summary

*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)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

600.00

SUBTOTAL\$

3/18/2010

NAME OF FILER Friends of	April Vargas for Supervisor 2010			through 5/22	2/2010	Page I.D. NUI 13160	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
5/10/2010	Suzanne Stephanik 725 San Pedro Mountain Rd. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Consultant Suzanne Stephanik	\$200.00	\$200	.00	\$500.00 (P10)
4/20/2010	Cynthia Stern 430 8th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Tech. Editor Visa Inc.	\$50.00	\$50	.00	\$135.00 (P10)
4/1/2010	Terry Trumbull 1011 Lincoln Ave. Palo Alto, CA 94301	☑IND □COM □OTH □PTY □SCC	Professor Menio College	\$100.00	\$100	0.00	\$100.00 (P10)
4/10/2010	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	None	\$150.00	\$150).00	\$450.00 (P10
4/30/2010	Babette Villasenor 2091 Camino A Los Cerros Menlo Park, CA 94025	ZIND COM OTH PTY SCC	Massage Therapist Babette Villasenor	\$100.00	\$100	0.00	\$100.00 (P10

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Amounts may be rounded to whole dollars.

		SCHEDU	LEA (CONT.)
State	ment covers period 3/18/2010	CALIFORNIA FORM	460
through_	5/22/2010	_ Page o	23
		I.D. NUMBER	
		1316065	

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1 1101100 01.	April valgas for cuporvices zero					
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)
5/5/2010	Madaline Shearer 232 Correas St. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$500.00	\$500.00	\$500.00 (P10)
4/9/2010	Kathryn Slater-Carter 1452 Alamo St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Mgt. Consultant Slater Assoc.	\$500.00	\$500.00	\$1,000.00 (P10
5/10/2010	SMCDFA 355 Stevick Dr. Atherton, CA 94027	☐IND ☐COM ØOTH ☐PTY ☐SCC	Political Club San Mateo County Democracy for America F PPC # 1265743	\$300.00	\$300.00	\$300.00 (P10
3/30/2010	David Smernoff 112 Foxwood Rd. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	Research David Smernoff	\$35.00	\$35.00	\$135.00 (P10
4/17/2010	Bern Smith 910 Malaga El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	Trail Coordinator Ridge Trail Council	\$150.00	\$150.00	\$250.00 (P10
			SUBTOTAL	\$ 1,485.00		erina er Erina erina er

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

		SCHEDULE A (CONT.)
State:	ment covers period 3/18/2010	california 460
through_	5/22/2010	Page 7 of 23
		I.D. NUMBER 1316065

NAME OF FILER

Talanda of April Margae for Supervisor 2010

Friends of April Vargas for Supervisor 2010					10,000	
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)
4/17/2010	Marianna Raymond 1839 Hopkins Redwood City, CA 94062	☑IND □COM □OTH □PTY □SCC	Guitar Teacher Marianna Raymond	\$250.00	\$250.00	\$353.00 (P10) includes non- monetary contribs.
5/13/2010	Lennie Roberts 339 La Cuesta Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	Volunteer Committee for Green Foothills	\$250.00	\$250.00	\$500.00 (P10)
4/30/2010	Lawrence Ross 1051 Date St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Builder Lawrence Ross	\$500.00	\$500.00	\$500.00 (P10)
5/6/2010	David Sands 331 10th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Contractor Go Native, Inc.	\$200.00	\$200.00	\$200.00 (P10)
4/24/2010	Renato Satorre 103 Seravista Ave. Daly City, CA 94015	ZIND COM OTH PTY SCC	President - Owner Health Professional, Inc	\$500.00	\$500.00	\$500.00 (P10)
			SUBTOTAL	\$ 1,700.00		

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

		SCHEDULE A (CONT.)
State	ment covers period 3/18/2010	california 460
through_	5/22/2010	Page 8 of 23
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		1316065

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010				13100	00
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)
5/22/2010	Lynne Ohlson 729 Lincoln Ave. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Business Mgr. City of Berkeley - Police Dept.	\$100.00	\$100.00	\$100.00 (P10)
4/28/2010	Pam Patek 14655 Pescadero Rd. La Honda, CA 94020	☑IND □COM □OTH □PTY □SCC	Educator City of Redwood City	\$250.00	\$250.00	\$250.00 (P10)
5/6/2010	Dave Pine 320 Chapin Lane Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Attorney Dave Pine, Attorney at Law	\$500.00	\$500.00	\$1,000.00 (P10)
4/28/2010	B.R. Ptacek 527 4th St. Montara, CA 94037	ZIND □COM □OTH □PTY □SCC	Business Consultant Bank of America	\$100.00	\$100.00	\$100.00 (P10)
4/16/2010	John Quam 366 12th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
			SUBTOTAL	\$ 1,050.00		

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NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of A	pril Vargas for Supervisor 2010				CHANN ATRETO DATE	PER ELECTION
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)	TO DATE (IF REQUIRED)
5/5/2010	Maureen Maloney 679 Kelmore St. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Art Director Charles Schwab	\$100.00	\$100.00	\$100.00 (P10)
3/21/2010	Annie Massed 496 Pine St. Marshfield, MA 02050	☑IND □COM □OTH □PTY □SCC	Midwife BMC	\$200.00	\$200.00	\$300.00 (P10)
4/18/2010	Patty Mayali 12700 Old La Honda Rd. Woodside, CA 94062	☑IND □COM □OTH □PTY □SCC	Sales The Pet Palace	\$50.00	\$50.00	\$220.00 (P10 includes non-monetary contribs
4/25/2010	Kacy McClure 355 Stevick Dr. Atherton, CA 94027	☑IND □COM □OTH □PTY □SCC	Bookkeeper Concentric Media Inc	\$100.00	\$100.00	\$100.00 (P10
3/18/2010	Thomas Newman 537 Vista Ave. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Professor UCSF	\$150.00	\$150.00	\$250.00 (P10
			SUBTOTAL	\$ 600.00		

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		SCHEDULE A (CONT.)
Stater	nent covers period 3/18/2010	california 460
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		I.D. NUMBER
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NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of F	April Vargas for Supervisor 2010					
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)
4/21/2010	Joel Jones 2135 isabelle Ave. San Mateo, CA 94403	☑IND □COM □OTH □PTY □SCC	Supervisor US Govt - EPA Region 9	\$100.00	\$100.00	\$200.00 (P10)
5/21/2010	Lois Joseph 644 B Poplar Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$230.00	\$330.00 (P10)
5/5/2010	Charles King 381 Montwood Circle Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Labor Advocate Calif. Teachers Assoc.	\$100.00	\$100.00	\$250.00 (P10)
5/7/2010	Beverly Lipman 188 Favonia Rd. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$350.00	\$350.00 (P10
4/20/2010	Peggie MacLeod 660 Patrol Rd. Woodside, CA 94062	ZIND COM OTH PTY SCC	None	\$100.00	\$100.00	\$100.00 (P10
			SUBTOTAL	\$ 500.00		

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SCHEDULE A (CONT.)

Statement covers period

3/18/2010

CALIFORNIA
FORM

460

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I.D. NUMBER

1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of A	pril Vargas for Supervisor 2010					
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)
4/24/2010	James Grady 149 Miramontes Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Sr. Manager Cal Casualty Mgt. Co.	\$200.00	\$200.00	\$200.00 (P10)
3/20/2010	Bruce Hamilton 30 Seascape Dr. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Executive Director HIP Housing	\$100.00	\$100.00	(see following 3/20/10 entry for B. Hamilton)
5/19/2010	Bruce Hamilton 30 Seascape Dr. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Executive Director HIP Housing	\$100.00	\$200.00	\$200.00 (P10)
4/19/2010	Hertha Harrington 78 Morse Ln. Woodside, CA 94062	☑IND □COM □OTH □PTY □SCC	None	\$200.00	\$200.00	\$450.00 (P10)
4/21/2010	Arthur Hofmayer 668 Farallone Ave. Montara, CA 94037	ZIND COM OTH PTY	Social Worker Jewish Home	\$250.00	\$250.00	\$350.00 (P10
			SUBTOTAL	\$ 850.00		

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

Statement covers period CALIFORNIA FORM 3/18/2010 from_ 5/22/2010 through

SCHEDULE A (CONT.)

1316065

NAME OF FILER

Eriands of A	April Vargas for Supervisor 2010					
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)
4/25/2010	Carole Dorshkind 515 Nimitz Ave. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Education Consultant Carole Dorshkind	\$35.00	\$35.00	\$255.00 (P10) includes non- monetary contribs.
4/19/2010	Susan Emerick 2025 Seabrook Ct. Redwood City, CA 94065	☑IND □COM □OTH □PTY □SCC	Attorney Law Offices of Susan Emerick	\$250.00	\$250.00	(see following 5/15/10 entry for S. Emerick)
5/15/2010	Susan Emerick 2025 Seabrook Ct. Redwood City, CA 94065	☑IND □COM □OTH □PTY □SCC	Attorney Law Offices of Susan Emerick	\$100.00	\$350.00	\$350.00 (P10)
4/25/2010	Kelly Fergusson 168 Oak Ct. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Project Manager Siemens	\$200.00	\$200.00	\$400.00 (P10
4/16/2010	Pamela Fisher 659 Highland Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$500.00	\$500.00	\$500.00 (P10
			SUBTOTAL	\$ 1,085.00		

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

SUBTOTAL\$

560.00

3/18/2010

NAME OF FILER				through5/2	2/2010	Page	/3 of 23
	April Vargas for Supervisor 2010					13160	065
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)
3/18/2010	Sara Bassler 2582 Great Highway San Francisco, CA 94116	☑IND □COM □OTH □PTY □SCC	Psychiatrist Sara Bassler	\$100.00	\$100.00		\$350.00 (P10)
5/17/2010	Avis Boutell 50 Bernal Ave. Moss Beach, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$200.00		\$350.00 (P10)
5/21/2010	Joanne Bruggeman 3 Lido Circle Redwood City, CA 94065	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00		\$280.00 (P10) includes non- monetary contribs
5/20/2010	Marie Camenzind 518 Cedar St. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Radiation Therapist Sequoia Hospital	\$60.00	\$60.00		\$110.00 (P10)
4/19/2010	Marsha Cohen 746 7th Ave. Redwood City, CA 94063	ZIND COM OTH PTY	Program Administrator Santa Clara Water Dist.	\$250.00	\$250	0.00	\$404.35 (P10) includes non- monetary contribs

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SCHEDULE A (CONT.)
CALIFORNIA 460

Staten	nent covers period	CALIFORNIA 1 CO
from	3/18/2010	FORM 400
through	5/22/2010	Page 14 of 23
		I.D. NUMBER
		1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TODATE CALENDAR YEAR CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER DATE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN. 1 - DEC. 31) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD RECEIVED OF BUSINESS) **IND** Retail \$100.00 (P10) **Kurt Kleespies** ПСОМ \$100.00 \$100.00 Williams-Sonoma, Inc. 4/2/2010 Потн 502 Roosevelt Way □ PTY San Francisco, CA 94114 □scc **IND** Real Estate \$250.00 (P10) Charles Krenz COM \$250.00 \$250.00 Krenz Ltd 5/6/2010 80 Joaquin Rd OTH □ PTY Portola Valley, CA 94028 SCC **☑**IND **Professor** \$250.00 (P10) Matt Leddy ПСОМ \$250.00 \$250.00 College of San Mateo 5/17/2010 275 D St. □отн **□** PTY Redwood City, CA 94063 SCC **☑** IND Physician \$100.00 (P10) Robert Lundstrom COM \$100.00 \$100.00 The Permanente Medical 5/11/2010 1347 Montero Ave. OTH Group Inc. □ PTY Burlingame, CA 94010 ⊟scc **Z**IND Senior Contract Analyst \$100.00 (P10) Rachel Macias \$100.00 COM \$100.00 Gilead Sciences 4/10/2010 17 Howard St. □отн Burlingame, CA 94010 □ PTY □scc

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

800.00

SUBTOTAL\$

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

SCHEDULE A (CONT.) CALIFORNIA

Statement covers period 3/18/2010 FORM from. Page 15 of 23 5/22/2010 through. I.D. NUMBER

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065

			IF AN INDAMENTAL ENTED	AMOUNT	CUMULATIVE TO DATE	PER ELECTION
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)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
3/18/2010	Sandra Emerson 491 El Granada Ave. El Granada,CA 94018	☑IND □COM □OTH □PTY □SCC	Web Site & Commun. Consultant Hired Pen	\$500.00	\$500.00	\$1,000.00 (P10
4/10/2010	Larry Hassett 42 Castanea Ridge Rd. La Honda, CA 94020	☑IND □COM □OTH □PTY □SCC	Owner Palo Alto Hardware Inc.	\$500.00	\$500.00	\$1,000.00 (P10
4/1/2010	Kathleen Heap 1408 Benito Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10
4/29/2010	Patricia Hooper 501 Portola Rd. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$500.00	\$500.00	\$1,000.00 (P10
4/6/2010	Lanah Hotchkiss 164 Woodsworth Ave. Redwood City, CA 94062	☑IND □COM □OTH □PTY □SCC	Computer Programmer Visa, Inc.	\$100.00	\$100.00	\$100.00 P10
SUBTOTAL\$ 1,700.00						

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		SCHEDULE A (CONT.)				
Stater	nent covers period 3/18/2010	CALIFORNIA FORM	460			
through _	5/22/2010	Page 16 of	23			
		I.D. NUMBER				
		1316065	ļ			

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of F	April Vargas for Supervisor 2010					
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 TODATE (IF REQUIRED)
3/20/2010	Kaia Eakin 303 Tadley Ct. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Fundraiser Notre Dame de Namur University	\$50.00	\$50.00	(see following 5/12/10 entry for K. Eakin)
5/12/2010	Kaia Eakin 303 Tadley Ct. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Fundraiser Notre Dame de Namur University	\$100.00	\$150.00	\$150.00 (P10)
4/29/2010	Robert Flint 185 Bear Gulch Rd. Woodside, CA 94062	☑IND □COM □OTH □PTY □SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
4/8/2010	Brett Garrett 163 Wheeler Ave. Redwood City, CA 94061	ZIND □ COM □ OTH □ PTY □ SCC	Web Hosting Brett Garrett	\$250.00	\$250.00	\$250.00 (P10)
5/1/2010	Lynn Gibbons 15 Redberry Ridge Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
			SUBTOTAL	\$ 1,500.00		

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		SCHEDULE A (CONT.				
Stater	nent covers period 3/18/2010	CALIFORNIA FORM	460			
through_	5/22/2010	Page / M of	23			
		I.D. NUMBER				
		1316065				

NAME OF FILER

Friends of April Vargas for Supervisor 2010

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)	
4/12/2010	Diana Baker 1400 Avery St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$200.00	\$200.00	\$200.00 (P10)	
3/20/2010	Maria Cardenas 703 Flynn Ave. Redwood City, CA	☑IND □COM □OTH □PTY □SCC	Hearing Aid Asst. Costco	\$100.00	\$100.00	\$100.00 (P10)	
4/28/2010	Elizabeth Chamberlain 595 Summit Springs Rd. Woodside, CA 94062	ZIND COM OTH PTY	None	\$150.00	\$150.00	\$150.00 (P10)	
3/25/2010	Richard Deatley 316 Pacific Ave. Piedmont, CA 94611	☑IND □COM □OTH □PTY □SCC	Construction West Coast Aggregates Inc.	\$1,000.00	\$1,000.00	\$1,000.00 (P10)	
4/25/2010	Katherine Ferrick 125 Bay Rd. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Caseworker Congressmember Jackie Spier	\$100.00	\$100.00	\$100.00 (P10)	
SUBTOTAL\$ 1,550.00							

*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

Sched	ule	B-	Pa	rt 1
Loans	Red	eiv	ed	

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA	460
3/18/2010	FORM	400
VIII		

rom	3/18/2010	FORM	-TO C
hrough _	5/22/2010	Page 18	of 23
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065

SCHEDULE B-PART 1

Friends of April Vargas for Supervisor 20	10							
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
April Vargas 377 12th Street Montara, CA 94037	April Vargas Interiors Owner	PERIOD		PAID 1,500 FORGIVEN	s0	O %	s <u>1,500</u>	\$ 1,500 PER ELECTION**
		s0	\$	s0	O DATE DUE	s0	4/15/10 DATE INCURRED	s <u>1,500</u>
TEZ IND COM COTH PTY SCC				PAID S FORGIVEN		% RATE	s	SPER ELECTION ***
↑ IND COM OTH PTY SCC		s	s	s	DATEDUE	5	DATE INCURRED	5
T IND COM OTH PTY SCC				PAID S—— FORGIVEN	\$	RATE %	\$	\$PER ELECTION ***
†□IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$ 1,500	\$ 1,500	\$ 0	\$ 0		
						(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

(Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period\$

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (Maybe a negative number)

Enter the net here and on the Summary Page, Column A, Line 2.

†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

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

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA FORM 3/18/2010 from 5/22/2010 through. I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

de of Anril Variae for Supervieor 2010

Friends of	April Vargas for Supervisor 2010					<u> </u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2010	Terry Baldwin 615 Mill St. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Owner Mill Rose Inn	Gift Certificate for Lodging	\$135.00	\$135.00	\$135.00 (P10)
4/6/2010	Joanne Bruggeman 3 Lido Circle Redwood City, CA 94065	☑IND □COM □OTH □PTY □SCC	None	Food & Beverages	\$30.00	\$30.00	\$280.00 (P10) includes monetary contribs.
4/19/2010	Marsha Cohen 746 7th Ave. Redwood City, CA 94063	☑IND □COM □OTH □PTY □SCC	Program Administrator Santa Clara Water Dist.	Food & Beverages	\$114.35	\$154.35	\$404.35 (P10) includes monetary contribs.
4/8/2010	Carole Dorshkind 515 Nimitz Ave. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Education Consultant Carole Dorshkind	Food & Beverages	\$60.00	\$60.00	\$255.00 (P10 includes mone tary contribs
Attach ad	ditional information on appropriately lab	eled continua	tion sheets.	SUBTOTAL	339.35		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.	339.35
(Include all Schedule C subtotals.)	80.82
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	

3. Total nonmonetary contributions received this period. 420.17

*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 E

Type or print in ink. Amounts may be rounded

Statement covers period CALIFORNIA FORM 3/18/2010 from 5/22/2010 through I.D. NUMBER 1316065

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of April Vargas for Supervisor 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL transfer between committees of the same candidate/sponsor fundraising events TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND voter registration professional services (legal, accounting) VOT information technology costs (internet, e-mail) legal defense print ads PRT campaign literature and mailings ЦΤ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Guide Slate Cards 6285 E. Spring St., Suite 202 Long Beach, CA 90808	LIT		\$1,200.00
Peninsula Coalition 1364 San Mateo Ave. South San Francisco, CA 94080		Candidate attended political event	\$175.00
The same and the same has also be said	-marized on	Schedule D SUBTOTA	L\$ 1,375.00

Schedule E Summary 17,012.34 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ __ 535.30 2. Unitemized payments made this period of under \$100\$ _ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ _____ 17,547.64

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

Schedule E

Type or print in ink. Amounts may be rounded Statement covers period CALIFORNIA / C

(Continuation Sheet) Payments Made	to whole dollars.	from3/18/2010	FORM 400
Payments made		through5/22/2010	Page 21 of 23
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER			1316065
Friends of April Vargas for Supervisor 2010			
		and the second of	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals TRC phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL transfer between committees of the same candidate/sponsor FND fundraising events TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) WEB information technology costs (internet, e-mail) legal defense LEG PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR CODE **Bank Fees** Bank of America 175.00 PO Box 53150 Phoenix, AZ 85072 Californians Vote Green 4,550.88 LIT 2999 Overland Ave., Suite 210 Los Angeles, CA 90064 Staff and Candidate Travel, Lodging and Meals Firehouse Grill and Brewery 219.78 1765 East Bayshore Rd East Palo Alto, CA Gowans Printing Company 3,182.25 LIT 1310 H St Modesto, CA 95354

Kirk Briggs Signs, Inc. 2,167.50 CMP 551 South Yosemite Ave. Oakdale, CA 95361 **SUBTOTAL \$** 10.295.41

Schedule E (Continuation Sheet) **Payments Made**

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

Statement covers period	CALIFORNIA 160
from 3/18/2010	FORM TOO
5/22/2010	Page 22 of 23
	I.D. NUMBER
	1316065

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1316065 Friends of April Vargas for Supervisor 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs member communications MBR returned contributions campaign paraphernalia/misc. RFD CMP meetings and appearances SAL campaign workers' salaries campaign consultants office expenses t.v. or cable airtime and production costs contribution (explain nonmonetary)* petition circulating PET candidate travel, lodging, and meals CVC civic donations phone banks PHO staff/spouse travel, lodging, and meals FIL candidate filing/ballot fees TRS polling and survey research transfer between committees of the same candidate/sponsor POL **TSF** postage, delivery and messenger services FND fundraising events independent expenditure supporting/opposing others (explain)* voter registration VOT professional services (legal, accounting) information technology costs (internet, e-mail) legal defense LEG PRT print ads campaign literature and mailings

T campaign literature and mailings	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) Chase Card Services PO Box 36520 Louisville, Kentucky 40233	CODE	Bank Fees	\$1,380.00
City of San Carlos 600 Elm St. San Carlos, CA 94070	FND		\$301.00
City of San Carlos 600 Elm St. San Carlos, CA 94070	FND	(refund)	-\$301.00
Mill Rose Inn 615 Mill St. Half Moon Bay, CA 94019	СМР		\$100.00
Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	CNS		\$2,500.00
	· Sobodulo D	SUBTOT	AL \$ 3,980.00

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

Schedule	E
(Continua	tion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

from	3/18/2010	CALIFOR FORM
through_	5/22/2010	Page 2
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CALIFORNIA 460 FORM

SCHEDULE E (CONT:)

ge 23 of 38

I.D. NUMBER	
316065	

Friends of April Vargas for Supervisor 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications returned contributions CMP campaign paraphernalia/misc. RFD meetings and appearances campaign workers' salaries CNS campaign consultants SAL office expenses OFC t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* TEL petition circulating PET candidate travel, lodging, and meals CVC civic donations TRC phone banks PHO staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL polling and survey research transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) VOT WEB information technology costs (internet, e-mail) LEG legal defense print ads PRT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pilgrim Baptist Church 217 N. Grant St. San Mateo, CA 94401	FND		150.00
Rob Caughlan 1777 Borel Place, #309 San Mateo, CA 94402	CNS		100.00
Transfirst Epayment Services 12120 Shamrock Plaza, Suite 100 Omaha, NE 68154	PRO		214.52
United States Postal Service Montara, CA 94037	POS		360.61
United States Postal Service El Granada, CA 94018	POS		536.80

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

Recipient Committee
Campaign Statement
Cover Page
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Type or print in ink.

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CALIFORNIA FORM

COVER PAGE

Gov#	ernment Code Sections 84200-84216.5)				Page of
GOV	Gillingin Code Casalons C4250 C4210.57	Statement covers period 1/12010		2 7 2010	For Official Use Only
SEE I	NSTRUCTIONS ON REVERSE	through3/17/2010	June 8, 2010 WARREN SLOCUM	17/200	s Officer
1	Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	TY CLERK	
		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) Sum.Pg-exact monies & Currer Sched's A&C-Per Elect To Date	Spe	
3.	Committee Information	I.D. NUMBER 1316065	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
		Betti D'Acquisto			
	Friends of April Vargas for Supervisor 2010	MAILING ADDRESS			
			381 12th Street		
	STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHON
	377 12th Street		Montara	CA 940	037 650-728-7942
	CITY STATE ZIP Montara CA 940	CODE AREA CODE/PHONE 037 650-207-2729	NAME OF ASSISTANT TREASURER, IF ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.	. BOX	MAILING ADDRESS		
	PO Box 370265				CODE AREA CODE/PHON
	CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHON
	Montara CA 940	037			
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
	Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on Date Executed on Executed Oxford Executed	By By	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, State Measure Proponent or Responsibility of Controlling Officeholder, Candidate, Candi	onsible Officer of Spors	

COVER PAGE - PART 2

ORNIA 460

Recipient Committee Campaign Statement Cover Page — Part 2

COVER F	AGE-PART 2
CALIFORNIA FORM	460
Page 2	01_//

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	t Measure C	committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
April Vargas OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	И	SUPPORT OPPOSE
San Mateo County Board of Supervisors Dis	strict 3			<u> </u>		<u>L</u>
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		identify the controlling offi	ceholder, can	didate, or state measu	ire proponent, if any.
377 12th Street Mor	tara CA 94037		NAME OF OFFICEHOLDER, CAN			
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	7	. Primarily Formed Can	didate/Offic	eholder Committe	E List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which this	OFFICE SOUGHT OR HE	TOTINEG.
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE GOOGH ON IN	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO I	ZIP CODE AREA CODE/PHONE		Atta	ach continuatio	on sheets if necessar	у

Campaign Disclosure Statement

Type or print in ink. Amounts may be rounded

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

Summary Page to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1316065 Friends of April Vargas for Supervisor 2010

Friends of April Vargas for Supervisor 2010		l l	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDARYEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 7,085.00 2,222.00	\$ 45,273.61 0 \$ 45,273.61 3,545.74 \$ 48,819.35	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 11,647.74 0 2,222.00	\$ 36,987.02 0 \$ 36,987.02 0 3,545.74 40,533.03	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	7,085.00 0 11,647.74 8,242.32	from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	e \$	-	FPPC Form 460 (January/C 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.

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 CDAILA	AC	$\boldsymbol{\alpha}$

Statement covers period 1/1/2010 **FORM** 3/17/2010 through I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

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)
2/21/2010	Holly Van Houten 2013 Washington Ave. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Consultant Holly Van Houten	\$100.00	\$100.00	\$100.00 (P10)
2/21/2010	Katherine Forrest 150 Erica Way Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$210.00 (P10) includes non- monetary contribs
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	.\$ 150.00		

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 6,340.00 (Include all Schedule A subtotals.)\$ 745.00
- 2. Amount received this period unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. 7,085.00

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

*Contributor Codes

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Staten	nent covers period 1/1/2010	california 460
through	3/17/2010	Page 5 of 14
		1.D. NUMBER 1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

SUBTOTAL\$ 1,500.00						
1/21/2010	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Sociologist / Researcher Brigid O'Farrell	\$150.00	\$150.00	(see followin 3/9/10 entry for t O'Farre
2/21/2010	Jerry Torrance 77 Lerida Ct. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$150.00	\$150.00	\$150.00 (P10
3/1/2010	Judy O'Brien 1655 Bay Laurel Drive Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Attorney Obopay, Inc.	\$1,000.00	\$1,000.00	\$1,000.00 (P10
1/16/2010	Frank Montoro 1448 Tarrytown St. San Mateo, CA 94402	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10
2/24/2010	Anthony Mertz 270 Willowbrook Portola Valley, CA 94028	Z IND COM OTH PTY SCC	None	\$100.00	\$100.00	\$100.00 (P10)
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)

*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.)
State	ment covers period 1/1/2010	california 460
through_	3/17/2010	Page 6 of 14
		I.D. NUMBER
		1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

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)
3/9/2010	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Sociologist / Researcher Brigid O'Farrell	\$200.00	\$350.00	\$450.00 (P10)
1/20/2010	Betty Pollack 316 Sycamore San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$150.00 (P10)
1/16/20/10	Jonelle Preisser 12 Myrtle St. Redwood City, CA 94062	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$100.00 (P10)
2/21/2010	Audrey Rust 209 Blackburn Ave. Menio Park, CA 94025	☑IND □COM □OTH □PTY □SCC	President Peninsula Open Space Trust	\$500.00	\$500.00	\$500.00 (P10)
1/22/2010	Douglas Shields 236 W. East Ave., #219 Chico, CA 95926	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Douglas Shields	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL\$ 900.00						

*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	A ((Continuatio	n	Sh	eet)
		ntributions				

Type or print in ink.

Amounts may be rounded to whole dollars.

I.D. NUMBER

1316065

Friends of April Vargas for Supervisor 2010

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010					
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/18/2010	Tony Attard 200 Sierra Point Rd. Brisbane, CA 94005	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
1/14/2010	Lawrence Baker 185 Orval Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Computer Scientist US Geological Survey	\$25.00	\$25.00	\$100.00 (P10)
3/2/2010	David Beck 138 Seacliff Ct. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$300.00	\$300.00	\$300.00 (P10
3/17/2010	Avis Boutell 50 Bernal Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$150.00 (P10
1/16/2010	Adrian Brandt 257 Grand St. Redwood City, CA 94062	ZIND COM OTH PTY	Software Engineer Open TV Inc	\$150.00	\$150.00°	\$150.00 (P10
	SUBTOTAL\$ 675.00					en de la companya de

*Contributor Codes

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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.)
Statem	nent covers period 1/1/2010	CALIFORNIA 460
through	3/17/2010	Page 8 of 14
		I.D. NUMBER
		1316065

NAME OF FILER

Erianda of April Vargas for Supervisor 2010

Friends of A	pril Vargas for Supervisor 2010					
	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)
3/8/2010	Robert Breen 1200 Date St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$60.00	\$60.00	\$160.00 (P10)
3/17/2010	Sabrina Brennan 165 LaGrande Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Print Broker Digital Fusion Media	\$100.00	\$100.00	\$200.00 (P10)
2/5/2010	Alian Brown 397 Park Blvd. Palo Alto, CA 94036	ØIND □COM □OTH □PTY □SCC	None	\$500.00	\$500.00	\$500.00 (P10)
3/15/2010	Joanne Bruggemann 3 Lido Circle Redwood City, CA 94065	ZIND □ COM □ OTH □ PTY □ SCC	None	\$100.00	\$100.00	\$200.00 (P10)
2/11/2010	William Collins 531 Johnson Ave. Pacifica, CA 94044	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$250.00 (P10)
			SUBTOTAL	\$ 860.00		

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

		SCHEDU	LEA (CONT.)	نس
Statement covers period 1/1/2010		CALIFORNIA FORM	460	
	3/17/2010	9	. 14	

1316065

from.

through

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of A	April vargas for Supervisor 2010					
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)
3/15/2010	Betti D'Acquisto 381 12th St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$150.00 (P10
2/17/2010	Malcolm Dudley 51 Catalpa Dr. Atherton, CA 94027	☑IND □COM □OTH □PTY □SCC	Investment Professional Wells Fargo Advisers	\$100.00	\$100.00	\$100.00 (P10
2/28/2010	Alan Fleishman 3 Bluebell Lane San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	None	\$25.00	\$25.00	\$125.00 (P10
3/6/2010	Ellen Gartside 801 First Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Biologist MROSD, SM County RCD	\$50.00	\$50.00	\$100.00 (P10
3/7/2010	Richard Gates 1993 Carlos St. Moss Beach, CA 94038	ZIND COM OTH PTY SCC	None	\$200.00	\$200.00	\$700.00 (P10
	1		SUBTOTAL	\$ 425.00		

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(other than PTY or SCC) OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)		
Statem	ent covers period	CALIFORNIA ACO		
from	1/1/2010	FORM 400		
through	3/17/2010	Page 10 of 14		
		I.D. NUMBER		

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065

Friends of /	April Vargas for Supervisor 2010					
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)
3/8/2010	Jim Harvey 1018 Cedar St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Pulmonary Physiology Lab Tech Stanford Hosp. & Clinic	\$100.00	\$100.00	\$200.00 (P10)
3/3/2010	Donna Ito 780 Ringwood Ave. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$200.00 (P10
1/5/2010	Carol Jacobs 501 Portola Rd. #8079 Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$150.00 (P10
3/9/2010	Lois Joseph 644 B Poplar St. Half Moon Bay, CA 94019	ZIND COM OTH PTY SCC	None	\$130.00	\$130.00	\$230.00 (P10
3/3/2010	Dr. Sandra Kahn 20 Meirose Ct. San Mateo, CA 94402	☑IND □COM □OTH □PTY □SCC	Orthodontist Dr. Sandra Kahn	\$100.00	\$100.00	\$100.00 (P10
			SUBTOTAL	\$ 480.00		

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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 1/1/2010		california 460			
through_	3/17/2010	Page 1 of 14			
		I.D. NUMBER			
		1316065			

NAME OF FILER

Friends of April Vargas for Supervisor 2010

	April Vargas for Supervisor 2010					
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)
2/27/2010	Lisa Ketcham 175 Culebra Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$50.00	\$100.00 (P10)
1/9/2010	Karen Kidwell 1755 Jackson St., Apt. 406 San Francisco, CA 94109	☑IND □COM □OTH □PTY □SCC	Non-profit management SF Paris Trust	\$100.00	\$100.00	\$100.00 (P10
3/10/2010	Ken King 633 Terrace Ave. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$125.00	\$125.00	\$225.00 (P10
2/21/2010	Peter LaTourrette 1019 Loma Prieta Ct. Los Altos, CA 94024	ZIND □COM □OTH □PTY □SCC	None	\$250.00	\$250.00	\$600.00 (P10
2/21/2010	James Langdell 1122 S. Grant St. San Mateo, CA 94402	ZIND □ COM □ OTH □ PTY □ SCC	Technical Writer Oracle / Sun Microsystems	\$150.00	\$150.00	\$150.00 (P10
			SUBTOTAL	\$ 675.00		

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SCC - Small Contributor Committee

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

CALIFORNIA 160
FORM 400
Page 11 of 14
I.D. NUMBER 1316065

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010				13100	700
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)
2/6/2010	Beverly Lipman 188 Favonia Rd. Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$250.00	\$250.00	\$250.00 (P10)
2/21/2010	Gregory Loew 255 Polhemus Ave. Atherton, CA 94027	☑IND □COM □OTH □PTY □SCC	Professor Emeritus SLAC / Stanford	\$50.00	\$50.00	\$175.00 (P10) includes non- monetary contribs.
2/23/2010	Nancy Lund 240 Golden Hills Drive Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	\$150.00	\$150.00	\$150.00 (P10)
1/16/2010	Karen Maki 482 9th Ave. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Financial Coach Karen Maki	\$100.00	\$100.00	\$100.00 (P10)
3/10/2010	Rosemary Malvey 633 Terrace Ave. Half Moon Bay, CA 94019	ZIND □COM □OTH □PTY □SCC	Hospice Chaplain Sutter Health Care	\$125.00	\$125.00	\$225.00 (P10)
			SUBTOTAL	\$ 675.00		<u> </u>

*Contributor Codes

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(other than PTY or SCC)

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Schedule C Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA 1/1/2010 **FORM** from 3/17/2010 through. I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of	April Vargas for Supervisor 2010					1010000	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/21/2010	Katherine Forrest 150 Erica Way Portola Valley, CA 94028	☑IND □COM □OTH □PTY □SCC	None	Food & Beverages	\$160.00	\$160.00	\$210.00 (P10) includes monetary contribs.
1/16/2010	Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Consultant Patricia McKowen	Food & Beverages	\$234.00	\$234.00	see following entry 3/14/10 for P.McKowen
2/21/2010	Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Consultant Patricia McKowen	Food & Beverages	\$85.00	\$319.00	see following entry 3/14/10 for P.McKowen
3/14/2010	Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Consultant Patricia McKowen	Food & Beverages	\$30.00	\$349.00	\$447.67 (P10) includes monetary contribs.
Attach add	ditional information on appropriately la	beled continua	tion sheets.	SUBTOTAL	\$ 509.00		

Schedule C Summary 1. Amount received this period - itemized nonmonetary contributions. 2,182.00 (Include all Schedule C subtotals.) 40.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period. 2,222.00

*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 C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065 CUMULATIVE TO PER ELECTION

1/10/2010	Mill Rose Inn	□IND					
	615 Mill St. Half Moon Bay, CA 94019	□COM □OTH □PTY □SCC	Lodging and Catering Business	Facility donated for fundraiser event	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
1/16/2010	Marianna Raymond 1839 Hopkins Redwood City, CA 94062	☑IND □COM □OTH □PTY □SCC	None	Food & Beverages	\$103.00	\$103.00	\$103.00 (P10)
2/26/2010	Judith Shmueli 1054 Jamaica St. Foster City, CA 94404	☑IND □COM □OTH □PTY □SCC	None	Food & Beverages	\$125.00	\$125.00	\$490.07 (P10) includes monetary contribs.
2/17/2010	Jeffery Wolf 96 Patrick Way Half Moon Bay, CA 94019	ZIND COM OTH PTY SCC	Manager Prudential California Realty	Advertising	\$445.00	\$445.00	\$445.00 (P10)
Attach add	ditional information on appropriately labe		tion sheets.	SUBTOTAL	\$ 1,673.00		

Schedule C Summary						
1. Amount received this period – itemized nonmonetary contribution	ions.	ß				
1. Amount received this period – itemized noninonetary contribute (Include all Schedule C subtotals.)						
2. Amount received this period – unitemized nonmonetary contrib	outions of less than \$100					
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Co	TOTAL	s				
(Add Lines 1 and 2. Enter here and on the Summary Page, Co	lumn A, Lines 4 and 10.)					

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IND - Individual

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

PTY - Political Party

SCC - Small Contributor Committee

		COVER PAGE	Ē
Recipient Committee Campaign Statement Cover Page	Type or print in	TILED IN THE OFFICE OF THE FORM	î
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period 10/1/2009 from 12/31/2009	Date of election if applicable: MATEO COUNTY, CALIF. (Month, Day, Year) MAY 2 7 2010 June 8, 2010 WARREN SLOCUM, Chief Elections Officer	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Office holder Committee (Also Complete Part 7)	2. Type of Statement Preelection Statement Semi-annual Statement Semi-annual Statement Semi-annual Statement Semi-annual Statement Semi-annual Statement Supplemental Preelection Statement - Attach Form 495 Amendment (Explain below) Sum.Pg-exact monies&expenses corrected; Sched's A&C-Per Elect To Date Info & exact monies entered. Sched E Expenses corrected	_
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Friends of April Vargas for Supervisor 2010 STREET ADDRESS (NO P.O. BOX) 377 12th Street CITY STATE ZIP C Montara CA 940	CODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Betti D'Acquisto MAILING ADDRESS 381 12th Street CITY STATE ZIP CODE AREA CODE/PHON Montara CA 94037 650-728-7942 NAME OF ASSISTANT TREASURER, IF ANY	1E
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. PO Box 370265 CITY STATE ZIP O Montara CA 940 OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHON OPTIONAL: FAX / E-MAIL ADDRESS	νE
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on Date Executed on Date Executed on Date	ing this statement and to the best of my k rnia that the foregoing is true and correct. By By By By By By	Special Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 480 (January)	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER F	PAGE - PART 2	
CALIFORNIA FORM	460	
Page 2	of <u> 6</u>	

	ntrolled Committee		Primarily Formed Ball				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
April Vargas OFFICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	R	SUPPORT OPPOSE
San Mateo County Board of Su	pervisors District 3						
RESIDENTIAL/BUSINESS ADDRESS (NO.			Literation the controlling of	ficebolder car	ndidate, or sta	ite measure Di	roponent, if ar
377 12th Street Montara CA 94037			Identify the controlling officeholder, candidate, or state measure proponent, if a NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR FR	OF CHENT		
Related Committees Not Inclunct included in this statement that are contributions or make expenditures or	Ided in this Statement: List any committees controlled by you or are primarily formed to receive to behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offic	eholder Co	mmittee Lis	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate	ndidate/Offic (s) for which thi	s committee is	primarily forme	et names of ed.
	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)	7.	Primarily Formed Car officeholder(s) or candidate	(s) for which thi	s committee is	ommittee List primarily formed	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET A	☐ YES ☐ NO	7.	officeholder(s) or candidate	(s) for which thi	OFFICE SOU	primarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET A	YES NO NO ADDRESS (NO P.O. BOX)	7.	officeholder(s) or candidate NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET A	TYES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET A CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA 10/1/2009 FORM from _ 12/31/2009 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010							1316065	
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)			COIUMN B CALENDARYEAR TOTALTODATE	R	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	\$	8,284.00 0 8,284.00 915.07 9,199.07	\$ \$	38,188.6° 38,188.6° 1,323.7° 39,512.3°	1 0 1 4		0 \$ 0 0 \$ 0	
Expenditures Made 6. Payments Made	\$	6,228.27 0 6,228.27 0 915.07 7,143.34	\$ \$	25,383.2	8 0 8 0 4	Candidates 22. Cumulativ	Summary for State Ve Expenditures Made* to Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance	\$	8,284.00 0 6,228.27 12,805.06	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts		o the s last last last last last last last la	Amounts in this section eported in Column B.	\$may be different from amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		^		om Lines 2, 7, and 9 ny).	(IF	FPPC Toil-Free Helpl	FPPC Form 460 (January/0) ine: 866/ASK-FPPC (866/275-377:	

Schodula A

Type or print in ink.

SCHEDULE A

Monetary (Contributions Received		s may be rounded whole dollars.	from	ers period /2009 31/2009	CALIFORNIA 460 FORM	
SEE INSTRUCTION	NS ON REVERSE					I D. AILIAGO	
NAME OF FILER Friends of	April Vargas for Supervisor 2010					1.D. NUMBI 1316065	· · ·
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, ENTERNAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)

O a la a di ala	A Cummon.				*Contributor	Codes
			SUBTOTAL	100.00	The Land	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		IND COM OTH PTY SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
11/27/2009	Annie Massed 496 Pine St. Marshfield, MA 02050	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)

Schedule A Summary 1. Amount received this period – itemized monetary contributions. 6,755.00 (include all Schedule A subtotals.) 1,529.00 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ ___ 3. Total monetary contributions received this period. 8,284.00

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)

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

SCHEDULE A (CONT.) 15 Statement covers period CALIFORNIA FORM 10/1/2009 from. 12/31/2009 through. I.D. NUMBER 1316065

NAME OF FILER

Friends of A	April Vargas for Supervisor 2010					
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)
10/24/2009	Deborah Lardie 705 George St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	The Lardie Company CPA	\$60.00	\$110.00	\$110.00 (P10)
12/31/2009	Andrew Calman 3201 Mission St. San Francisco, CA 94110	☑IND □COM □OTH □PTY □SCC	Physician Premier Eye Care	\$50.00	\$150.00	\$150.00 (P10)
10/17/2009	Gregory Loew 255 Polhemus Ave. Atherton, CA 94027	☑IND □COM □OTH □PTY □SCC	Physician Prof Emeritas SLAC / Stanford	\$75.00	\$125.00	\$125.00 (P10) includes non- monetary contribs.
10/22/2009	Marilyn Wolper 660 Woodside Dr. Woodside, CA 94062	ZIND COM OTH PTY SCC	None	\$100.00	\$100.00	\$100.00 (P10)
12/27/2009	Mary Ann Dillahunty 107 San Pedro Rd. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	Attorney Oncolytics Biotech	\$100.00	\$250.00	\$250.00 (P10
			SUBTOTAL	\$ 385.00		

*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 10/1/2009 CALIFORNIA 460 FORM 460 through 12/31/2009 Page of 16

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Eriande of A	pril Vargas for Supervisor 2010					
	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)
10/2/2009	Bob Breen 1200 Date St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10)
11/14/2009	Paul Collacchi 1 Lake Ct. Redwood City, CA 94062	☑IND □COM □OTH □PTY □SCC	Engineer Openwave Systems	\$100.00	\$175.00	\$175.00 (P10) includes non- monetary contribs.
12/29/2009	Carol Espinosa 325 M Sharon Park Dr. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10
12/29/2009	Christopher Espinosa 325 M Sharon Park Dr. Menlo Park, CA 94025	☑IND □COM □OTH □PTY □SCC	Engineering Mgr. Apple, Inc.	\$1,000.00	\$1,000.00	\$1,000.00 (P10
12/21/2009	June Morrall 983 the Alameda El Granada, CA 94018	☑IND □COM □OTH □PTY □SCC	June Morrall Self-Employed Writer	\$500.00	\$500.00	\$500.00 (P10
			SUBTOTAL	\$ 2,700.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

1316065

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of P	April Vargas for Supervisor 2010					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
11/14/2009	Dr. Morris Brown 140 Stone Pine Ln. Menlo Park,CA 94025	☑IND □COM □OTH □PTY □SCC	Business Moanco Inc.	\$100.00	\$100.00	\$100.00 (P10)
10/24/2009	Betti D'Acquisto 381 12th Street Montara, CA 94037	Z IND COM OTH PTY SCC	None	\$50.00	\$50.00	(see following 12/31/09 entry for B. D'Acquisto)
12/31/2009	Betti D'Acquisto 381 12th Street Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	None	\$50.00	\$100.00	\$100.00 (P10)
12/29/2009	Mary Davey 12645 Las Cresta Dr. Los Altos, CA 94022	☑IND □COM □OTH □PTY □SCC	None	\$20.00	\$120.00	\$120.00 (P10)
11/14/2009	David Speer 1302 Orange Ave. Menlo Park, CA 94025	ZIND COM OTH PTY SCC	Facilities Plg & Dev Mgr. County of Marin	\$250.00	\$250.00	\$250.00 (P10)
			SUBTOTAL	\$ 470.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Friends of P	April Vargas for Supervisor 2010					
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)
10/6/2009	Kelly Huber 146 Crescent Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Patent Paralegal Haynes, Beffel, Wolfeld	\$100.00	\$150.00	\$150.00 (P10
10/24/2009	Edmund Larenas 301 Nevada Ave. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Scientist Genecor	\$100.00	\$100.00	\$100.00 (P10
10/20/2009	Clark McKeown 19 Crystal Springs Rd. San Mateo, CA 94402	☑IND □COM □OTH □PTY □SCC	None	\$25.00	\$320.00	\$320.00 (P10 includes non monetary contribs
11/7/2009	Joel Jensen 426 Northumberland Ave. Redwood City, CA 94061	ZIND □ COM □ OTH □ PTY □ SCC	Engineer Function Engineering	\$75.00	\$100.00	(see followin 12/19/09 entry fo J. Jenser
12/19/2009	Joel Jensen 426 Northumberland Ave. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Engineer Function Engineering	\$50.00	\$150.00	\$150.00 (P10
	.1		SUBTOTAL	\$ 350.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/1/2009
through 12/31/2009

Page 1.D. NUMBER

NAME OF FILER
Friends of April Vargas for Supervisor 2010

1316065

Thends of 7	Thu Angas ioi Supervisor 2010					
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)
11/5/2009	Maxine Seward 1299 Bellevue Ave., Apt. 3 Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Teacher Hillsborough City	\$100.00	\$100.00	(see following 12/27/09 entry for M. Seward
12/27/2009	Maxine Seward 1299 Bellevue Ave., Apt. 3 Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	Teacher Hillsborough City	\$50.00	\$150.00	\$150.00 (P10)
11/19/2009	Virginia Stewart 1111 Sprague Ln. Foster City, CA 94404	☑IND □COM □OTH □PTY □SCC	Virginia Stewart Licensed Social Worker	\$100.00	\$100.00	\$100.00 (P10
12/31/2009	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$300.00	\$300.00 (P10
12/30/2009	Sara Wan 22350 Carbon Mesa Rd. Malibu, CA 90265	☑IND □COM □OTH □PTY □SCC	Coastal Commissioner State of CA	\$100.00	\$100.00	\$100.00 (P10
			SUBTOTAL	450.00		

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 10/1/2009 **FORM** from. 12/31/2009 through I.D. NUMBER

NAME OF FILER

Friends of April Vargas for Supervisor 2010

1316065

I Helias of A	this vargas for Supervisor 2010					
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)
10/4/2009	Lenny Mendonca 1604 Sunshine Valley Rd. Moss Beach, CA 94038	☑IND □COM □OTH □PTY □SCC	Consultant McKinsey Company	\$900.00	\$1,000.00	\$1,000.00 (P10 includes non monetary contribs
12/16/2009	Jim Harvey 1018 Cedar St. Montara, CA 94037	☑IND □COM □OTH □PTY □SCC	Med Research / Pulmonary Stanford Hospital	\$100.00	\$100.00	\$100.00 (P10
12/2/2009	Lois Joseph 644 B Poplar St. Half Moon Bay, CA 94019	☑IND □COM □OTH □PTY □SCC	None	\$100.00	\$100.00	\$100.00 (P10
11/24/2009	Charles King 381 Montwood Cr. Redwood City, CA 94061	☑IND □COM □OTH □PTY □SCC	Labor Consultant Calif. Teachers Assoc.	\$150.00	\$150.00	\$150.00 (P10
12/28/2009	Peter LaTourrette 1019 Loma Prieta Ct. Los Altos, CA 94024	ZIND COM OTH PTY	None	\$100.00	\$350.00	\$350.00 (P10
			SUBTOTAL	\$ 1,350.00		

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM 10/1/2009 from. 12/31/2009 through. I.D. NUMBER 1316065

NAME OF FILER

Eriands of A	April Vargas for Supervisor 2010					
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)
11/14/2009	Nancy Arbuckle 524 Nimitz Ave. Redwood City, CA 94061	IZIND COM OTH PTY SCC	Nancy Arbuckle Self-Employed Writer / Editor	\$100.00	\$150.00	\$150.00 (P10)
10/17/2009	Mike Aydelott 67 Pine Ave. San Carlos, CA 94070	☑IND □COM □OTH □PTY □SCC	Mike Aydelott Self-Employed Consultant	\$100.00	\$200.00	\$200.00 (P10)
12/17/2009	Christopher Barrow 766 Ventura Ave. San Mateo, CA 94403	☑IND □COM □OTH □PTY □SCC	Software Development Oracle USA	\$100.00	\$100.00	\$100.00 (P10)
10/24/2009	Sabrina Brennan 165 La Grande Ave. Moss Beach, CA 94038	ZIND □COM □OTH □PTY □SCC	Print Broker Digital Fusion Media	\$100.00	\$100.00	\$100.00 (P10)
10/17/2009	Mark Brickman 25 McAker Ct. San Mateo, CA 94403	☑IND □COM □OTH □PTY □SCC	Mark Brickman Self-Employed Court Reporter	\$100.00	\$100.00	\$100.00 (P10
			SUBTOTAL	\$ 500.00		

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(other than PTY or SCC) OTH - Other (e.g., business entity)

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Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/1/2009 CALIFORNIA 460 FORM 12/31/2009 Page 13 of 15 I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of	f April Vargas for Supervisor 2010					1316065	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/09	Judith Shmueli 1054 Jamaica St. Foster City, CA 94404	ZIND COM OTH PTY SCC	None	Food & Beverages	\$165.07	\$365.07	\$365.07 (P10) Includes mon- etary contribs
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
Attach ad	dditional information on appropriately la	beled continua	tion sheets.	SUBTOTAL	\$ \$165.07		

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ...

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

TOTAL \$ 915.07

*Contributor Codes

IND - Individual

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SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/1/2009 CALIFORNIA 460 FORM 460 through 12/31/2009 Page 14 of 15 I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE

Schedule C Summary

Friends of April Vargas for Supervisor 2010

CUMULATIVE TO AMOUNT/ PER ELECTION IF AN INDIVIDUAL, ENTER **DESCRIPTION OF** DATE FULL NAME, STREET ADDRESS AND CONTRIBUTOR FAIR MARKET TODATE OCCUPATION AND EMPLOYER DATE CALENDAR YEAR GOODS OR SERVICES ZIP CODE OF CONTRIBUTOR CODE * VALUE (IF REQUIRED) (IF SELF-EMPLOYED, ENTER RECEIVED (JAN 1 - DEC 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) ZIND Carole Dorshkind Food & Carole Dorshkind \$160.00 (P10) \$160.00 ПСОМ \$100.00 10/17/09 Self-Employed Beverages 515 Nimitz Ave. includes mon-**□**OTH Educational Redwood City, CA 94061 etary contribs. **□PTY** Consultant □SCC **IND** Hair Styling Marcia Doty Marcia Doty \$200.00 (P10) ПСОМ \$200.00 \$100.00 10/09/09 Self-Employed Hair 11944 Walnut Ct. **□OTH** Stylist Auburn, CA 95602 **□PTY** □SCC **IND** Food & Consultant \$1,000 (P10) Lenny Mendonca \$1,000.00 \$100.00 ПСОМ 10/4/09 **McKinsey Company** Beverages 1604 Sunshine Blvd. Includes mon-**□OTH** Moss Beach, CA 94038 etary contribs. **□PTY** □SCC DIND Food & None \$320.00 (P10) Clark McKeown \$320.00 □ COM \$200.00 12/6/09 Beverages 19 Crystal Springs Rd. includes mon-**□OTH** San Mateo, CA 94402 etary contribs. □PTY □ SCC SUBTOTAL \$ 500.00 Attach additional information on appropriately labeled continuation sheets.

	The Market of th
1.	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)
	Amount received this period – uniternized nonmonetary contributions of less than \$100\$
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.)

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(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 C Nonmonetary Contributions Received

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

SCHEDULEC Statement covers period CALIFORNIA 10/1/2009 FORM from. 12/31/2009 through. I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME, STREET ADDRE ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. I 11/14/09 Paul Collacchi 1 Lake Ct. Redwood City, CA 94062 10/24/09 Tim Duff 407 Roberts Rd. Pacifica, CA 94404 10/17/09 Gregory Loew 255 Polhemus Ave. Atherton, CA 94027 10/24/09 Patty Mayall 12700 Old La Honda Rd. Woodside, CA 94062	priately labeled continua	tion sheets.	SUBTOTAL	\$ 230.00		
ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. I 11/14/09 Paul Collacchi 1 Lake Ct. Redwood City, CA 94062 Tim Duff 407 Roberts Rd. Pacifica, CA 94404 10/17/09 Gregory Loew 255 Polhemus Ave.	☑IND □COM □OTH □PTY □SCC	Sales The Pet Place	Food & Beverages	\$70.00	\$170.00	\$170.00 (P10) Includes mon- etary contribs.
ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. I 11/14/09 Paul Collacchi 1 Lake Ct. Redwood City, CA 94062 Tim Duff 407 Roberts Rd.	ØIND □COM □OTH □PTY □SCC	Physics Prof. SLAC / Stanford	Food & Beverages	\$50.00	\$125.00	\$125.00 (P10) Includes mon- etary contribs.
DATE RECEIVED ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. II 11/14/09 Paul Collacchi 1 Lake Ct.	☑IND □COM □OTH □PTY □SCC	Planner State of California	Food	\$35.00	\$135.00	\$135.00 (P10) Includes mon- etary contribs.
DATE ZIP CODE OF CONTRIBU	☑IND □COM □OTH □PTY □SCC	System Engineer Openwave Systems	Food & Beverages	\$75.00	\$175.00	\$175.00 (P10) Includes mon- etary contribs.
	FOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)

Schedule C Summary	*Contributor Codes
Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$ ——————————————————————————————	IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	OTH - Other (e.g., business entity) PTY - Political Party
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.)	SCC - Small Contributor Committee
() The management of the control of	

FPPC Form 460 (January/05)

Schedule E Payments Made

Type or print in ink.

SCHEDULE Statement covers period

Payments Made	Amounts may be rounded to whole dollars.	from	10/1/2009	FORM 460
SEE INSTRUCTIONS ON REVERSE		through _	12/31/2009	Page 16 of 16 *
NAME OF FILER				I.D. NUMBER
Friends of April Vargas for Supervisor 2010				1316065

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Extra Mile Campaigns 1017 L St., Suite 400 Sacramento, CA 95814	CNS	3,000.00

Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,900.00
···		328.27
2. Unitemized payments made this period of under \$100		
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	6 229 27
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	0,228.21

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

SUBTOTAL\$

3,000.00