

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

Date Stamp

MAY 27 2010

CALIFORNIA
FORM

460

Page 1 of 14

For Official Use Only

Statement covers period
from 7/1/2009
through 9/30/2009

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

June 8, 2010

WARREN SLOCUM, Chief Elections Officer

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☒ Amendment (Explain below)
Sum.Pg -exact monies entered; Sched's A&C-Per Elect To Date
info entered; Sched E-exact monies & addl. itemized entries entered
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1316065

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

Montara

STATE

CA

ZIP CODE

94037

AREA CODE/PHONE

650-207-2729

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

PO Box 370265

CITY

Montara

STATE

CA

ZIP CODE

94037

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Betti D'Acquisto

MAILING ADDRESS

381 12th Street

CITY

Montara

STATE

CA

ZIP CODE

94037

AREA CODE/PHONE

650-728-7942

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5-5-10

Date

Executed on May 5, 2010

Date

Executed on _____

Date

Executed on _____

Date

By Betti D'Acquisto

Signature of Treasurer or Assistant Treasurer

By April Vargas

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

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

April Vargas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Mateo County Board of Supervisors District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

377 12th Street Montara CA 94037

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>14</u> I.D. NUMBER 1316065
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9,725.61</u>	\$ <u>29,904.61</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,725.61</u>	\$ <u>29,904.61</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>308.67</u>	\$ <u>408.67</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>10,034.28</u>	\$ <u>30,313.28</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>5,989.53</u>	\$ <u>19,155.28</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,989.53</u>	\$ <u>19,155.28</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>-2,500.00</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>308.67</u>	\$ <u>408.67</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>3,798.20</u>	\$ <u>19,563.95</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>7,013.25</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>9,725.61</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>5,989.53</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>10,749.33</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460
		Page <u>4</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		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)
9/18/2009	Roger Taylor 839 Columbus St. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$250.00	\$250.00	\$250.00 (P10)
9/21/2009	Mariquita West 19315 Bear Creek Rd. Los Gatos, CA 94031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
7/12/2009	Cynthia Wordell 867 Highlands Cir. Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				850.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7,257.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,468.61
- 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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
7/15/2009	Sara Bassler 2582 Great Highway San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist San Mateo County	\$250.00	\$250.00	\$250.00 (P10)
8/31/2009	Nancy Blachman 1538 Burlingame Ave. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
7/24/2009	John Dicker 705 Alsace Lorraine Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Business Owner - Greenfield Learning Inc.	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,450.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
7/15/2009	George Cattermole 7625 Stage Rd. San Gregorio, CA 94074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Store Owner - San Gregorio Store	\$50.00	\$50.00	(see below entry 9/18/09 San Gregorio Co.)
9/18/2009	The San Gregorio Company Highway 84 and Stage Rd. San Gregorio, CA 94074	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$207.00	\$257.00	\$257.00 (P10)
8/7/2009	Mary Ann Dillahunty 107 San Pedro Rd. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Oncolytics Biotech Inc.	\$150.00	\$150.00	\$150.00 (P10)
7/6/2009	Carl Feldman 228 Willow Rd. Menlo Park, CA 94026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
9/22/2009	Sally Green 297 14th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Sally K. Green	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				607.00		

***Contributor Codes**

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
7/14/2009	William Collins 531 Johnson Ave. Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$150.00 (P10)
7/27/2009	Stephen Freer 984 Pilarcitos Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$100.00	\$100.00 (P10)
7/12/2009	Nonette Hanko 3172 Emerson St. Palo Alto, CA 94036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Peninsula School	\$150.00	\$150.00	\$150.00 (P10)
SUBTOTAL \$				500.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
8/15/2009	Raymond Hoche-Mong 835 George St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Innkeeper Goose & Turrets	\$100.00	\$100.00	\$100.00 (P10)
9/19/2009	Arthur Hofmayer 668 Farallone Ave. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
8/1/2009	Carol Jacobs 501 Portola Rd. # 8079 Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
8/21/2009	Joel Jones 2135 Isabelle Ave. San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Federal Employee US EPA	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				900.00		

***Contributor Codes**

IND - Individual
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460 Page <u>9</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
9/18/2009	Chuck Kozak 7615 Stage Rd. San Gregorio, CA 94034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ecological Restorer GO Native Inc.	\$100.00	\$100.00	\$100.00 (P10)
8/8/2009	Charles Lintell 474 8th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager VMware Inc.	\$500.00	\$500.00	\$500.00 (P10)
9/18/2009	Jonathan Lundell 501 Lucy Ln. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CTO VPEP Techology Corp	\$100.00	\$100.00	\$100.00 (P10)
8/1/2009	Keith Mangold 660 Palma St. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Metastorm	\$100.00	\$100.00	\$100.00 (P10)
7/24/2009	Patty Mayall 12700 Old La Honda Rd. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales The Pet Place	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				900.00		

***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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		CALIFORNIA FORM 460 Page <u>10</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
7/15/2009	Olive Mayer 245 Josselyn Ln. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
7/7/2009	Dave McClure 14 Trasker Ln. San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Dave McClure	\$100.00	\$100.00	\$100.00 (P10)
8/19/2009	Dr. Thomas Newman 537 Vista Ave. San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCSF	\$100.00	\$100.00	\$100.00 (P10)
7/7/2009	Dorothy Norris 112 Codo Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Wilson Sonsini Goodrich Rosati	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
SUBTOTAL \$				1,400.00		

***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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2009</u>		CALIFORNIA FORM 460
through <u>9/30/2009</u>		
Page <u>11</u> of <u>14</u>		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)
7/20/2009	Bonny O'Daniels 330 8th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
9/20/2009	Dave Pine 320 Chapin Ln. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Dave Pine	\$250.00	\$500.00	\$500.00 (P10)
8/6/2009	Joel Schreck 265 Golden Hills Dr. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
9/17/2009	David Smernoff 112 Foxwood Dr. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research David Smernoff	\$100.00	\$100.00	\$100.00 (P10)
7/10/2009	Bern Smith 910 Malaga St. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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
 SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 7/1/2009
through 9/30/2009

CALIFORNIA
FORM **460**

Page 12 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of April Vargas for Supervisor 2010

I.D. NUMBER

1318065

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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retailer Budget Blinds	Food for San Gregorio campaign reception	\$300.00	\$300.00	\$300.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 300.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 300.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 8.67
- 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 \$ 308.67

*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 Payments Made

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

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>		SCHEDULE E CALIFORNIA FORM 460 Page <u>13</u> of <u>14</u> I.D. NUMBER 1316065
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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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	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 must also be summarized on Schedule D.

SUBTOTAL \$ 565.36

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,824.22
2. Unitemized payments made this period of under \$100	\$ 165.31
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,989.53

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2009</u> through <u>9/30/2009</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>14</u> I.D. NUMBER 1316065
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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.

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

FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

COVER 46

CALIFORNIA FORM

Page 1 of 19

For Official Use Only

MAY 27 2010

WARREN SLOCUM, Chief Elections Officer

By: Meghan Adams
DEPUTY CLERK

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

- 2. Type of Statement:**
- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495
- Summary Pg -exact expenses entered; Sched's A & C - Per Elect To**
Date info entered; Sched E -exact expenses entered & adj.unitemize

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of April Vargas for Supervisor 2010

I.D. NUMBER
1316065

STREET ADDRESS (NO P.O. BOX)
377 12th Street

CITY
Montara STATE CA ZIP CODE 94037 AREA CODE/PHONE 650-207-2729

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 370265

CITY
Montara STATE CA ZIP CODE 94037 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Betti D'Acquisto

MAILING ADDRESS
381 12th Street

CITY
Montara STATE CA ZIP CODE 94037 AREA CODE/PHONE 650-728-7942

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5/5/10 Date

Executed on May 5, 2010 Date

Executed on _____ Date

Executed on _____ Date

By Betti D'Acquisto Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 19

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

April Vargas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Mateo County Board of Supervisors District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

377 12th Street Montara CA 94037

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>19</u> I.D. NUMBER 1316065
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>20,179.00</u>	\$ <u>20,179.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>20,179.00</u>	\$ <u>20,179.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>100.00</u>	\$ <u>100.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>20,279.00</u>	\$ <u>20,279.00</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>13,165.75</u>	\$ <u>13,165.75</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>13,165.75</u>	\$ <u>13,165.75</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>100.00</u>	\$ <u>100.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>15,765.75</u>	\$ <u>15,765.75</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>20,179.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>13,165.75</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,013.25</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>2,500.00</u>

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

I.D. NUMBER

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)
5/11/2009	Thomas Judge 287 7th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Translator Thomas Judge	\$100.00	\$100.00	\$100.00 (P10)
1/25/2009	Suzanne Stephanik 725 San Pedro Mountain Rd. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Suzanne Stephanik	\$300.00	\$300.00	\$300.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 18,400.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,779.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 20,179.00

*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

FPPC Form 460 (January/05)

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u>	CALIFORNIA FORM 460
through <u>6/30/2009</u>	
Page <u>5</u> of <u>19</u>	

NAME OF FILER Friends of April Vargas for Supervisor 2010	I.D. NUMBER 1316065
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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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher CUSD	\$100.00	\$100.00	\$100.00 (P10)
2/17/2009	Christine Mendonca 1605 Sunshine Valley Road Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
6/25/2009	Mary DeLong 1271 Main St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
5/26/2009	League for Coastsides Protection 633 Terrace Ave. Half Moon Bay, CA 94019	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID #1234363	\$250.00	\$250.00	\$250.00 (P10)
6/27/2009	Jim Blanchard 1290 Columbus St. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Aradigm Corp.	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				1,950.00		

***Contributor Codes**

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>19</u>
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)
1/24/2009	Gina Mello 1152 Seville Dr. Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant DPJ Associates	\$100.00	\$100.00	\$100.00 (P10)
4/6/2009	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sociologist Brigid O'Farrell	\$100.00	\$100.00	\$100.00 (P10)
2/24/2009	Jeff Olson 377 12th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carpenter Jeff Olson	\$100.00	\$100.00	\$100.00 (P10)
6/24/2009	Diane Papan 233 Eaton Rd. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Diane Papan	\$250.00	\$250.00	\$250.00 (P10)
6/29/2009	Katie Sanborn 855 Ferdinand Ave. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Editorial Svcs. OTR Global LLC	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				1,050.00		

***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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/17/2009	Kathryn Slater-Carter 1452 Alamo St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Consultant Slater Associates	\$500.00	\$500.00	\$500.00 (P10)
2/7/2009	Tom Wynveen 3167 23rd St. San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HR Clorox	\$100.00	\$100.00	\$100.00 (P10)
6/15/2009	Christina Bechtold 320 Fairway Dr. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Prime Label Consultants	\$200.00	\$200.00	\$200.00 (P10)
5/18/2009	Andrew Calman 3201 Mission St. San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Premier Eye Care	\$100.00	\$100.00	\$100.00 (P10)
2/3/2009	Alan Fleishman 3 Bluebell Ln. San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,000.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460 Page <u>8</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
4/20/2009	Alfonza Hipona 448 Woodrow St. Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lead Mechanic Westlake Associates	\$200.00	\$200.00	\$200.00 (P10)
6/22/2009	Donna Ito 780 Ringwood Ave. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
2/12/2009	Eric Trefelner 102 12th Street Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Nightshift Radiology	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
2/22/2009	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00	\$200.00	\$200.00 (P10)
3/10/2009	Jackie Watkins 836 Newport Circle Redwood Shores, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,600.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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	Leonard Price 1235 37th Avenue San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neurologist Altabates Summit Med. Ctr.	\$100.00	\$100.00	\$100.00 (P10)
6/3/2009	Lennie Roberts 339 La Cuesta Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Volunteer Committee for Green Foothills	\$250.00	\$250.00	\$250.00 (P10)
5/5/2009	Jessica Rose 217 Central Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Stanford	\$250.00	\$250.00	\$250.00 (P10)
6/17/2009	Judith Shmueli 1054 Jamaica St. Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
2/11/2009	Larry Hassett 22286 Skyline Blvd. La Honda, CA 94020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Palo Alto Hardware	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				1,200.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>10</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/27/2009	Ric Lohman 420 1st Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Manager Gladstone Institute	\$200.00	\$200.00	\$200.00 (P10)
6/26/2009	Thomas Bailard 127 Selby Ln. Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Manager Bailard, Inc.	\$500.00	\$500.00	\$500.00 (P10)
4/15/2009	Steve Blank 216 Marmona Dr. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,900.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460 Page <u>11</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
2/8/2009	Kelly Fergusson 168 Oak Court Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Energy Consultant Siemens	\$200.00	\$200.00	\$200.00 (P10)
6/18/2009	Mike Aydelott 67 Pine Ave. San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Michael Aydelott Consulting, Inc.	\$100.00	\$100.00	\$100.00 (P10)
5/17/2009	Susan Lang 250 Hardwick Road Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
5/1/2009	Pete LaTourrette 1019 Loma Prieta Ct. Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$250.00	\$250.00	\$250.00 (P10)
5/15/2009	Robert Levenson 250 Oak Grove Ave. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant PA Inc.	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
SUBTOTAL \$				2,550.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>12</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/19/2009	Margaret MacNiven 22400 Skyline Blvd., Apt. 17 La Honda, CA 94020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Redwood Capital Management	\$100.00	\$100.00	\$100.00 (P10)
1/31/2009	Andrew Byrnes 1277 Westwood Dr. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,400.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>13</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

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4/30/2009	Melissa Lane 148 Kelly Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$700.00	\$700.00	\$1,000.00 (P10)
SUBTOTAL \$				1,250.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>14</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

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5/26/2009	John Moseley 524 Almeria Ave. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilot United Airlines	\$100.00	\$100.00	\$100.00 (P10)
5/6/2009	Ralph Nobles 3720 Country Club Drive Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
3/9/2009	Gina Papan 440 Green Hills Drive Milbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Calif. Dept. of Justice	\$250.00	\$250.00	\$250.00 (P10)
1/12/2009	David Pine 320 Chapin Ln. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460 Page <u>15</u> of <u>19</u>
I.D. NUMBER 1316065		

NAME OF FILER

Friends of April Vargas for Supervisor 2010

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6/15/2009	Holly Van Houten 2200 Hacienda St. San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Holly Van Houten	\$100.00	\$100.00	\$100.00 (P10)
6/23/2009	Thomas Jordan 474 Churchill Ave. Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00	\$200.00	\$200.00 (P10)
5/17/2009	Dana Kimsey 173 Correas Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
6/24/2009	Daniel Latini 233 Eaton Rd. San Mateo, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Consultant Daniel Latini	\$250.00	\$250.00	\$250.00 (P10)
SUBTOTAL \$				900.00		

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Schedule A (Continuation Sheet)
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>19</u>
I.D. NUMBER 1316065	

NAME OF FILER

Friends of April Vargas for Supervisor 2010

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6/19/2009	Claudia Rourke 45 Kyne Road Pescadero, CA 94060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$150.00 (P10)
6/9/2009	Richard Gates 1993 Carlos St. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
5/5/2009	Hertha Harrington 78 Morse Lane Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$250.00	\$250.00	\$250.00 (P10)
5/30/2009	Sandy Emerson 491 El Granada Blvd. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Website & Communications Consultant - Hired Pen	\$500.00	\$500.00	\$500.00 (P10)
5/15/2009	Ann Forrister 511 5th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Mgt. Consult. Ann C. Forrister	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
SUBTOTAL \$				2,400.00		

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Schedule C Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period
from 1/1/2009
through 6/30/2009

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of April Vargas for Supervisor 2010

I.D. NUMBER

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)
3/1/2009	Marcia Doty 11944 Walnut Ct. Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hair Stylist Marcia Doty	Hair Styling for candidate - campaign photos taken	\$100.00	\$100.00	\$100.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 100.00

Schedule C Summary

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

\$ 100.00

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 \$

100.00

*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 E Payments Made

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

Statement covers period from <u>1/1/2009</u> through <u>6/30/2009</u>		CALIFORNIA FORM 460
		Page <u>18</u> of <u>19</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	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 expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 1,517.37

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 12,872.55
2. Unitemized payments made this period of under \$100	\$ 293.20
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 13,165.75

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/2009	
through	6/30/2009	Page <u>19</u> of <u>19</u>
NAME OF FILER		I.D. NUMBER
Friends of April Vargas for Supervisor 2010		1316065

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

Date Stamp

MAY 27 2010

CALIFORNIA
FORM

460

Page 1 of 23

For Official Use Only

Statement covers period
from 3/18/2010
through 5/22/2010

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

June 8, 2010

WARREN SLOCUM, Chief Elections Officer

By

DEPUTY CLERK

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1316065

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 CODE	AREA CODE/PHONE
Montara	CA	94037	650-207-2729

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

PO Box 370265

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Betti D'Acquisto

MAILING ADDRESS

381 12th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	650-728-7942

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5-27-10
Date

Executed on 05.27.10
Date

Executed on _____
Date

Executed on _____
Date

By

By

By

By

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 23

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

April Vargas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Mateo County Board of Supervisors District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

377 12th Street

Montara CA 94037

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 3/18/2010
through 5/22/2010

CALIFORNIA
FORM **460**

Page 3 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

I.D. NUMBER

1316065

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>16,270.00</u>	\$ <u>61,543.61</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>16,270.00</u>	\$ <u>61,543.61</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>420.17</u>	<u>3,965.91</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>16,690.17</u>	\$ <u>65,509.52</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>17,547.64</u>	\$ <u>54,534.66</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>17,547.64</u>	\$ <u>54,534.66</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>420.17</u>	<u>3,965.91</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>17,967.81</u>	\$ <u>58,500.84</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>8,242.32</u>
13. Cash Receipts Column A, Line 3 above	<u>16,270.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>17,547.64</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,964.68</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>23</u>
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)
4/19/2010	Pat Walker 300 Arlington Way Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Pat Walker	\$100.00	\$100.00	\$100.00 (P10)
4/2/2010	Robert Wheeler 502 Roosevelt Way San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Paragon	\$100.00	\$100.00	\$100.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,180.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,090.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16,270.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>23</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/10/2010	Suzanne Stephanik 725 San Pedro Mountain Rd. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Suzanne Stephanik	\$200.00	\$200.00	\$500.00 (P10)
4/20/2010	Cynthia Stern 430 8th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tech. Editor Visa Inc.	\$50.00	\$50.00	\$135.00 (P10)
4/1/2010	Terry Trumbull 1011 Lincoln Ave. Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Menlo College	\$100.00	\$100.00	\$100.00 (P10)
4/10/2010	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$450.00 (P10)
4/30/2010	Babette Villasenor 2091 Camino A Los Cerros Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massage Therapist Babette Villasenor	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				600.00		

***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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>6</u> of <u>23</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/5/2010	Madaline Shearer 232 Correas St. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
4/9/2010	Kathryn Slater-Carter 1452 Alamo St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mgt. Consultant Slater Assoc.	\$500.00	\$500.00	\$1,000.00 (P10)
5/10/2010	SMCDFA 355 Stevick Dr. Atherton, CA 94027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Club San Mateo County Democracy for America FPPC # 1265743	\$300.00	\$300.00	\$300.00 (P10)
3/30/2010	David Smernoff 112 Foxwood Rd. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research David Smernoff	\$35.00	\$35.00	\$135.00 (P10)
4/17/2010	Bern Smith 910 Malaga El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trail Coordinator Ridge Trail Council	\$150.00	\$150.00	\$250.00 (P10)
SUBTOTAL \$				1,485.00		

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 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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>23</u>		
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
4/17/2010	Marianna Raymond 1839 Hopkins Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Volunteer Committee for Green Foothills	\$250.00	\$250.00	\$500.00 (P10)
4/30/2010	Lawrence Ross 1051 Date St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder Lawrence Ross	\$500.00	\$500.00	\$500.00 (P10)
5/6/2010	David Sands 331 10th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Go Native, Inc.	\$200.00	\$200.00	\$200.00 (P10)
4/24/2010	Renato Satorre 103 Seravista Ave. Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President - Owner Health Professional, Inc	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				1,700.00		

***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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>23</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
5/22/2010	Lynne Ohlson 729 Lincoln Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator City of Redwood City	\$250.00	\$250.00	\$250.00 (P10)
5/6/2010	Dave Pine 320 Chapin Lane Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant Bank of America	\$100.00	\$100.00	\$100.00 (P10)
4/16/2010	John Quam 366 12th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,050.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>23</u>
		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)
5/5/2010	Maureen Maloney 679 Kelmore St. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Art Director Charles Schwab	\$100.00	\$100.00	\$100.00 (P10)
3/21/2010	Annie Massed 496 Pine St. Marshfield, MA 02050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Midwife BMC	\$200.00	\$200.00	\$300.00 (P10)
4/18/2010	Patty Mayall 12700 Old La Honda Rd. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper Concentric Media Inc	\$100.00	\$100.00	\$100.00 (P10)
3/18/2010	Thomas Newman 537 Vista Ave. San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCSF	\$150.00	\$150.00	\$250.00 (P10)
SUBTOTAL \$				600.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
4/21/2010	Joel Jones 2135 Isabelle Ave. San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$230.00	\$330.00 (P10)
5/5/2010	Charles King 381 Montwood Circle Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$350.00	\$350.00 (P10)
4/20/2010	Peggie MacLeod 660 Patrol Rd. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
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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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Manager Cal Casualty Mgt. Co.	\$200.00	\$200.00	\$200.00 (P10)
3/20/2010	Bruce Hamilton 30 Seascap Dr. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director HIP Housing	\$100.00	\$100.00	(see following 3/20/10 entry for B. Hamilton)
5/19/2010	Bruce Hamilton 30 Seascap Dr. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director HIP Housing	\$100.00	\$200.00	\$200.00 (P10)
4/19/2010	Hertha Harrington 78 Morse Ln. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00	\$200.00	\$450.00 (P10)
4/21/2010	Arthur Hofmayer 668 Farallone Ave. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker Jewish Home	\$250.00	\$250.00	\$350.00 (P10)
SUBTOTAL \$				850.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
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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)
4/25/2010	Carole Dorshkind 515 Nimitz Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Siemens	\$200.00	\$200.00	\$400.00 (P10)
4/16/2010	Pamela Fisher 659 Highland Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				1,085.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>23</u> I.D. NUMBER 1316065
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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)
3/18/2010	Sara Bassler 2582 Great Highway San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist Sara Bassler	\$100.00	\$100.00	\$350.00 (P10)
5/17/2010	Avis Boutell 50 Bernal Ave. Moss Beach, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$200.00	\$350.00 (P10)
5/21/2010	Joanne Bruggeman 3 Lido Circle Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radiation Therapist Sequoia Hospital	\$60.00	\$60.00	\$110.00 (P10)
4/19/2010	Marsha Cohen 746 7th Ave. Redwood City, CA 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Administrator Santa Clara Water Dist.	\$250.00	\$250.00	\$404.35 (P10) includes non- monetary contribs
SUBTOTAL \$				560.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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 Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>23</u> I.D. NUMBER 1316065
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NAME OF FILER

Friends of April Vargas for Supervisor 2010

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4/2/2010	Kurt Kleespies 502 Roosevelt Way San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retail Williams-Sonoma, Inc	\$100.00	\$100.00	\$100.00 (P10)
5/6/2010	Charles Krenz 80 Joaquin Rd Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Krenz Ltd	\$250.00	\$250.00	\$250.00 (P10)
5/17/2010	Matt Leddy 275 D St. Redwood City, CA 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor College of San Mateo	\$250.00	\$250.00	\$250.00 (P10)
5/11/2010	Robert Lundstrom 1347 Montero Ave. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician The Permanente Medical Group Inc.	\$100.00	\$100.00	\$100.00 (P10)
4/10/2010	Rachel Macias 17 Howard St. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Contract Analyst Gilead Sciences	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>15</u> of <u>23</u>
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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)
3/18/2010	Sandra Emerson 491 El Granada Ave. El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
4/29/2010	Patricia Hooper 501 Portola Rd. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$1,000.00 (P10)
4/6/2010	Lanah Hotchkiss 164 Woodsworth Ave. Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Programmer Visa, Inc.	\$100.00	\$100.00	\$100.00 P10)
SUBTOTAL \$				1,700.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
3/20/2010	Kaia Eakin 303 Tadley Ct. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
4/8/2010	Brett Garrett 163 Wheeler Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Web Hosting Brett Garrett	\$250.00	\$250.00	\$250.00 (P10)
5/1/2010	Lynn Gibbons 15 Redberry Ridge Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>17</u> of <u>23</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
4/12/2010	Diana Baker 1400 Avery St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00	\$200.00	\$200.00 (P10)
3/20/2010	Maria Cardenas 703 Flynn Ave. Redwood City, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hearing Aid Asst. Costco	\$100.00	\$100.00	\$100.00 (P10)
4/28/2010	Elizabeth Chamberlain 595 Summit Springs Rd. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$150.00 (P10)
3/25/2010	Richard Deatley 316 Pacific Ave. Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caseworker Congressmember Jackie Spier	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				1,550.00		

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Schedule B – Part 1 **Loans Received**

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

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>23</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends of April Vargas for Supervisor 2010	I.D. NUMBER 1316065
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
April Vargas 377 12th Street Montara, CA 94037 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	April Vargas Interiors Owner	\$ 0	\$ 1,500	<input type="checkbox"/> PAID \$ 1,500 <input type="checkbox"/> FORGIVEN \$ 0	\$ 0 DATE DUE 0	0 % RATE 0	\$ 1,500 4/15/10 DATE INCURRED	CALENDAR YEAR \$ 1,500 PER ELECTION** \$ 1,500
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$			1,500 \$	1,500 \$	0 \$	0		

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

Schedule B Summary

- Loans received this period \$ 1,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1,500.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(May be a negative number)

†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 from <u>3/18/2010</u> through <u>5/22/2010</u>		CALIFORNIA FORM 460
		Page <u>19</u> of <u>23</u>
		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)	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Consultant Carole Dorshkind	Food & Beverages	\$60.00	\$60.00	\$255.00 (P10) includes monetary contribs.
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	339.35	

Schedule C Summary

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

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

Statement covers period from 3/18/2010 through 5/22/2010		CALIFORNIA FORM 460 Page 20 of 23
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. 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

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

SUBTOTAL \$ 1,375.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 17,012.34
2. Unitemized payments made this period of under \$100	\$ 535.30
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 17,547.64

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>21</u> of <u>23</u>
I.D. NUMBER 1316065	

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America PO Box 53150 Phoenix, AZ 85072		Bank Fees	175.00
Californians Vote Green 2999 Overland Ave., Suite 210 Los Angeles, CA 90064	LIT		4,550.88
Firehouse Grill and Brewery 1765 East Bayshore Rd East Palo Alto, CA		Staff and Candidate Travel, Lodging and Meals	219.78
Gowans Printing Company 1310 H St Modesto, CA 95354	LIT		3,182.25
Kirk Briggs Signs, Inc. 551 South Yosemite Ave. Oakdale, CA 95361	CMP		2,167.50

SUBTOTAL \$ 10,295.41

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>3/18/2010</u> through <u>5/22/2010</u>	CALIFORNIA FORM 460 Page <u>22</u> of <u>23</u>
I.D. NUMBER 1316065	

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services PO Box 36520 Louisville, Kentucky 40233		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	CMP		\$100.00
Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	CNS		\$2,500.00

SUBTOTAL \$ 3,980.00

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

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	3/18/2010	
through	5/22/2010	Page <u>22</u> of <u>28</u>
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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.

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

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

SUBTOTAL \$ 1,361.93

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

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED Date Stamp
IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

COVER PAGE
CALIFORNIA FORM **460**
Page 1 of 14
For Official Use Only

Statement covers period
from 1/12/2010
through 3/17/2010

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

June 8, 2010

MAY 27 2010

WARREN SLOCUM, Chief Elections Officer

By: Meghan Slocum
DEPUTY CLERK

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495
- ☒ Amendment (Explain below)

Sum.Pg-exact monies & Current Cash Statement corrected;

Sched's A&C-Per Elect To Date Info & exact monies entered.

3. Committee Information

I.D. NUMBER
1316065

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 CODE	AREA CODE/PHONE
Montara	CA	94037	650-207-2729

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

PO Box 370265

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Betti D'Acquisto

MAILING ADDRESS

381 12th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	650-728-7942

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5-27-10
Date

Executed on May 27, 2010
Date

Executed on _____
Date

Executed on _____
Date

By Betti D'Acquisto
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

April Vargas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Mateo County Board of Supervisors District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

377 12th Street Montara CA 94037

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>14</u>
I.D. NUMBER 1316065	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>7,085.00</u>	\$ <u>45,273.61</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>7,085.00</u>	\$ <u>45,273.61</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>2,222.00</u>	\$ <u>3,545.74</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>9,307.00</u>	\$ <u>48,819.35</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>11,647.74</u>	\$ <u>36,987.02</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>11,647.74</u>	\$ <u>36,987.02</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>2,222.00</u>	\$ <u>3,545.74</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>13,869.74</u>	\$ <u>40,533.03</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>12,805.06</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>7,085.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>11,647.74</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,242.32</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>14</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

I.D. NUMBER
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)
2/21/2010	Holly Van Houten 2013 Washington Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Holly Van Houten	\$100.00	\$100.00	\$100.00 (P10)
2/21/2010	Katherine Forrest 150 Erica Way Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$210.00 (P10) includes non-monetary contribs
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				150.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,340.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 745.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,085.00

***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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
2/24/2010	Anthony Mertz 270 Willowbrook Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
1/16/2010	Frank Montoro 1448 Tarrytown St. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
3/1/2010	Judy O'Brien 1655 Bay Laurel Drive Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Obopay, Inc.	\$1,000.00	\$1,000.00	\$1,000.00 (P10)
2/21/2010	Jerry Torrance 77 Lerida Ct. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$150.00 (P10)
1/21/2010	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sociologist / Researcher Brigid O'Farrell	\$150.00	\$150.00	(see following 3/9/10 entry for B. O'Farrell)
SUBTOTAL \$				1,500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
		Page <u>6</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
3/9/2010	Brigid O'Farrell 1001 Ocean Blvd. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sociologist / Researcher Brigid O'Farrell	\$200.00	\$350.00	\$450.00 (P10)
1/20/2010	Betty Pollack 316 Sycamore San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$150.00 (P10)
1/16/2010	Jonelle Preisser 12 Myrtle St. Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$100.00 (P10)
2/21/2010	Audrey Rust 209 Blackburn Ave. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Douglas Shields	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				900.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
1/18/2010	Tony Attard 200 Sierra Point Rd. Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
1/14/2010	Lawrence Baker 185 Orval Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Scientist US Geological Survey	\$25.00	\$25.00	\$100.00 (P10)
3/2/2010	David Beck 138 Seacliff Ct. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$300.00	\$300.00	\$300.00 (P10)
3/17/2010	Avis Boutell 50 Bernal Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$150.00 (P10)
1/16/2010	Adrian Brandt 257 Grand St. Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Open TV Inc	\$150.00	\$150.00	\$150.00 (P10)
SUBTOTAL \$				675.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
3/8/2010	Robert Breen 1200 Date St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$60.00	\$60.00	\$160.00 (P10)
3/17/2010	Sabrina Brennan 165 LaGrande Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Print Broker Digital Fusion Media	\$100.00	\$100.00	\$200.00 (P10)
2/5/2010	Allan Brown 397 Park Blvd. Palo Alto, CA 94036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00	\$500.00	\$500.00 (P10)
3/15/2010	Joanne Bruggemann 3 Lido Circle Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$200.00 (P10)
2/11/2010	William Collins 531 Johnson Ave. Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$250.00 (P10)
SUBTOTAL \$				860.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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 Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
3/15/2010	Betti D'Acquisto 381 12th St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$150.00 (P10)
2/17/2010	Malcolm Dudley 51 Catalpa Dr. Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$25.00	\$25.00	\$125.00 (P10)
3/6/2010	Ellen Gartside 801 First Ave. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00	\$200.00	\$700.00 (P10)
SUBTOTAL \$				425.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
		Page <u>10</u> of <u>14</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
3/8/2010	Jim Harvey 1018 Cedar St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$200.00 (P10)
1/5/2010	Carol Jacobs 501 Portola Rd. #8079 Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$150.00 (P10)
3/9/2010	Lois Joseph 644 B Poplar St. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$130.00	\$130.00	\$230.00 (P10)
3/3/2010	Dr. Sandra Kahn 20 Melrose Ct. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthodontist Dr. Sandra Kahn	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				480.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
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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)
2/27/2010	Lisa Ketcham 175 Culebra Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$50.00	\$100.00 (P10)
1/9/2010	Karen Kidwell 1755 Jackson St., Apt. 406 San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$125.00	\$125.00	\$225.00 (P10)
2/21/2010	Peter LaTourrette 1019 Loma Prieta Ct. Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$250.00	\$250.00	\$600.00 (P10)
2/21/2010	James Langdell 1122 S. Grant St. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technical Writer Oracle / Sun Microsystems	\$150.00	\$150.00	\$150.00 (P10)
SUBTOTAL \$				675.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

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2/6/2010	Beverly Lipman 188 Favonia Rd. Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$250.00	\$250.00	\$250.00 (P10)
2/21/2010	Gregory Loew 255 Polhemus Ave. Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$150.00	\$150.00	\$150.00 (P10)
1/16/2010	Karen Maki 482 9th Ave. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hospice Chaplain Sutter Health Care	\$125.00	\$125.00	\$225.00 (P10)
SUBTOTAL \$				675.00		

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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 from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
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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)	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	Food & Beverages	\$160.00	\$160.00	\$210.00 (P10) includes mon- etary contribs.
1/16/2010	Patricia McKowen 150 Cypress Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Patricia McKowen	Food & Beverages	\$30.00	\$349.00	\$447.67 (P10) includes mon- etary contribs.
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	509.00	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2,182.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 40.00
- 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 \$** 2,222.00

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE C

Statement covers period from <u>1/1/2010</u> through <u>3/17/2010</u>		CALIFORNIA FORM 460
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		I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of April Vargas for Supervisor 2010

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1/10/2010	Mill Rose Inn 615 Mill St. Half Moon Bay, CA 94019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	Food & Beverages	\$103.00	\$103.00	\$103.00 (P10)
2/26/2010	Judith Shmueli 1054 Jamaica St. Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	Food & Beverages	\$125.00	\$125.00	\$490.07 (P10) includes non-monetary contribs.
2/17/2010	Jeffery Wolf 96 Patrick Way Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Prudential California Realty	Advertising	\$445.00	\$445.00	\$445.00 (P10)

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,673.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** _____

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Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 16

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FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

MAY 27 2010

WARREN SLOCUM, Chief Elections Officer

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☒ Amendment (Explain below)

- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

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

I.D. NUMBER
1316065

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 CODE	AREA CODE/PHONE
Montara	CA	94037	650-207-2729

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

PO Box 370265

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Betti D'Acquisto

MAILING ADDRESS

381 12th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Montara	CA	94037	650-728-7942

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5/27/10
Date

Executed on 05-27-10
Date

Executed on _____
Date

Executed on _____
Date

By Betti D'Acquisto
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 16

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

April Vargas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Mateo County Board of Supervisors District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

377 12th Street Montara CA 94037

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 10/1/2009 through 12/31/2009	CALIFORNIA FORM 460
Page 3 of 16	I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of April Vargas for Supervisor 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 8,284.00	\$ 38,188.61
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 8,284.00	\$ 38,188.61
4. Nonmonetary Contributions Schedule C, Line 3	915.07	1,323.74
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 9,199.07	\$ 39,512.35

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	\$ 6,228.27	\$ 25,383.28
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 6,228.27	\$ 25,383.28
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	915.07	1,323.74
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 7,143.34	\$ 26,707.29

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 10,749.33
13. Cash Receipts Column A, Line 3 above	8,284.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	6,228.27
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,805.06

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
---	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>15</u>
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)
11/27/2009	Annie Massed 496 Pine St. Marshfield, MA 02050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,755.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,529.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 8,284.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>15</u>
		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)
10/24/2009	Deborah Lardie 705 George St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Lardie Company CPA	\$60.00	\$110.00	\$110.00 (P10)
12/31/2009	Andrew Calman 3201 Mission St. San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Premier Eye Care	\$50.00	\$150.00	\$150.00 (P10)
10/17/2009	Gregory Loew 255 Polhemus Ave. Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
12/27/2009	Mary Ann Dillahunty 107 San Pedro Rd. Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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)
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
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		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)
10/2/2009	Bob Breen 1200 Date St. Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
11/14/2009	Paul Collacchi 1 Lake Ct. Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	June Morrall Self-Employed Writer	\$500.00	\$500.00	\$500.00 (P10)
SUBTOTAL \$				2,700.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>16</u>
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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)
11/14/2009	Dr. Morris Brown 140 Stone Pine Ln. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Moanco Inc.	\$100.00	\$100.00	\$100.00 (P10)
10/24/2009	Betti D'Acquisto 381 12th Street Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$50.00	\$100.00	\$100.00 (P10)
12/29/2009	Mary Davey 12645 Las Cresta Dr. Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$20.00	\$120.00	\$120.00 (P10)
11/14/2009	David Speer 1302 Orange Ave. Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facilities Plg & Dev Mgr. County of Marin	\$250.00	\$250.00	\$250.00 (P10)
SUBTOTAL \$				470.00		

***Contributor Codes**

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>15</u>
		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)
10/6/2009	Kelly Huber 146 Crescent Ave. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Genecor	\$100.00	\$100.00	\$100.00 (P10)
10/20/2009	Clark McKeown 19 Crystal Springs Rd. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Function Engineering	\$75.00	\$100.00	(see following 12/19/09 entry for J. Jensen)
12/19/2009	Joel Jensen 426 Northumberland Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Function Engineering	\$50.00	\$150.00	\$150.00 (P10)
SUBTOTAL \$				350.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
11/5/2009	Maxine Seward 1299 Bellevue Ave., Apt. 3 Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Hillsborough City	\$50.00	\$150.00	\$150.00 (P10)
11/19/2009	Virginia Stewart 1111 Sprague Ln. Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Virginia Stewart Licensed Social Worker	\$100.00	\$100.00	\$100.00 (P10)
12/31/2009	Mary Twieg 1347 Montero Ave. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$300.00	\$300.00 (P10)
12/30/2009	Sara Wan 22350 Carbon Mesa Rd. Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coastal Commissioner State of CA	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				450.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
		Page <u>11</u> of <u>16</u>
NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 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)
10/4/2009	Lenny Mendonca 1604 Sunshine Valley Rd. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$100.00	\$100.00 (P10)
11/24/2009	Charles King 381 Montwood Cr. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$100.00	\$350.00	\$350.00 (P10)
SUBTOTAL \$				1,350.00		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/1/2009</u>		CALIFORNIA FORM 460
through <u>12/31/2009</u>		
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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)
11/14/2009	Nancy Arbuckle 524 Nimitz Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Brickman Self-Employed Court Reporter	\$100.00	\$100.00	\$100.00 (P10)
SUBTOTAL \$				500.00		

***Contributor Codes**

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
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		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)	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	Food & Beverages	\$165.07	\$365.07	\$365.07 (P10) Includes mon- etary contribs
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	\$165.07	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 895.07
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 20.00
- 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

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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 from <u>10/1/2009</u> through <u>12/31/2009</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends of April Vargas for Supervisor 2010		I.D. NUMBER 1316065

SEE INSTRUCTIONS ON REVERSE

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)
10/17/09	Carole Dorshkind 515 Nimitz Ave. Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carole Dorshkind Self-Employed Educational Consultant	Food & Beverages	\$100.00	\$160.00	\$160.00 (P10) Includes mon- etary contribs.
10/09/09	Marcia Doty 11944 Walnut Ct. Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcia Doty Self-Employed Hair Stylist	Hair Styling	\$100.00	\$200.00	\$200.00 (P10)
10/4/09	Lenny Mendonca 1604 Sunshine Blvd. Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant McKinsey Company	Food & Beverages	\$100.00	\$1,000.00	\$1,000 (P10) Includes mon- etary contribs.
12/6/09	Clark McKeown 19 Crystal Springs Rd. San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	Food & Beverages	\$200.00	\$320.00	\$320.00 (P10) Includes mon- etary contribs.
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	500.00	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** _____

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Schedule C Nonmonetary Contributions Received

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

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

SCHEDULE C
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NAME OF FILER

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/09	Paul Collacchi 1 Lake Ct. Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	System Engineer Openwave Systems	Food & Beverages	\$75.00	\$175.00	\$175.00 (P10) Includes mon- etary contribs.
10/24/09	Tim Duff 407 Roberts Rd. Pacifica, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner State of California	Food	\$35.00	\$135.00	\$135.00 (P10) Includes mon- etary contribs.
10/17/09	Gregory Loew 255 Polhemus Ave. Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physics Prof. SLAC / Stanford	Food & Beverages	\$50.00	\$125.00	\$125.00 (P10) Includes mon- etary contribs.
10/24/09	Patty Mayall 12700 Old La Honda Rd. Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales The Pet Place	Food & Beverages	\$70.00	\$170.00	\$170.00 (P10) Includes mon- etary contribs.

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 230.00

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 \$

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Schedule E Payments Made

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

Statement covers period		CALIFORNIA FORM 460	
from	10/1/2009		
through	12/31/2009	Page <u>16</u> of <u>16</u>	
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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.

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

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

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

SUBTOTAL \$ 3,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,900.00
2. Unitemized payments made this period of under \$100	\$ 328.27
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 6,228.27