

CAMPAIGN STATEMENT LOG

Name of Candidate or Office Holder: COMMITTEE TO CONTINUE THE PROGRESS OF
EL SEGUNDO

YEAR: 2004/2005

STATEMENT TYPE	PERIOD COVERED	FILING DEADLINE	DATE FILED	NOTICE OF AMENDMENT	NOTICE OF FINE	NOTICE OF WAIVER
460						
Jan Semi- Annual	7/1/04 12/31/05	1/31/05	2-1-05			
July Semi- Annual	1/1/05 6/30/05	7/31/05				
Annual Short Form 470	1/1/05 12/31/05	7/31/05				
1 st Pre-Election						
2 nd Pre-Election						
3 rd Pre-Election						
Post Election						
July Semi- Annual						

410 Term. 3-1-05

CAMPAIGN STATEMENT LOG

Name of Candidate or Office Holder: COMMITTEE TO CONTINUE THE PROGRESS OF EL SEGUNDO

YEAR: 2003/2004

STATEMENT TYPE	PERIOD COVERED	FILING DEADLINE	DATE FILED	NOTICE OF AMENDMENT	NOTICE OF FINE	NOTICE OF WAIVER
410			1/16/04	<i>Amend.</i>		
Jan Semi-Annual	7/1/03 12/31/03	1/31/04		<i>3-8-04</i>		
July Semi-Annual	1/1/04 6/30/04	7/31/04				
Annual Short Form 470	1/1/04 12/31/04	7/31/04				

Amendment above

1 st Pre-Election	closing date 2/28/04	3/4/04	<i>3-8-04</i>			<i>Excused U.S. Mail Problem</i>
2 nd Pre-Election	2/29/04- 3/26/04	4/1/04	<i>4-1-04</i>			
3 rd Pre-Election	3/27/03- Noon 4/9/04	4/9/04 Noon	<i>4-9-04</i>			
Post Election	4/9/04- Noon 4/16/04	4/16/04 Noon	<i>4-16-04</i>			
July Semi-Annual	4/16/04- 6/30/04	7/31/04	<i>7-26-04</i>			<i>Reminder 7-26-04</i>

Late Contribution

4-8-04

Statement of Organization Recipient Committee

Use or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment
List ID number:

☒ Termination - See Part 5
List ID number:

1262139

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 02 2005

CALIFORNIA
FORM 410

For Official Use Only
705 MR - 1 PM 12:07

Date qualified as committee

Date qualified as committee
(if applicable)

12 / 31 / 04
Date of Termination

KEVIN SHELLEY, Secretary of State

Campaign Finance
Disclosure Section

1. Committee Information

NAME OF COMMITTEE

Committee to Continue the Progress of El Segundo

STREET ADDRESS (NO P.O. BOX)

601 S. Glencraks Blvd., #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

818-260-0669

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

818-260-0657

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kinde Durkee

STREET ADDRESS

601 S. Glencraks Blvd., #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

818-260-0669

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1/24/05

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By Kinde Durkee

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK
12400 IMPERIAL HWY. – P.O. BOX 1024, NORWALK, CALIFORNIA 90651-1024
(562) 462-2339 ♦ FAX (562) 651-2548

CONNY B. McCORMACK
REGISTRAR-RECORDER/COUNTY CLERK

March 31, 2005

Dear City Clerk:

Pursuant to the Political Reform Act (PRA), Government Code Sections 84101 and 85200 (as amended), the enclosed Statement(s) of Organization (Form 410) and/or Candidate Intention Statement(s) (Form 501) are being sent to you as the official filing officer.

If you have any questions, please contact the Campaign Finance Disclosure Section at (562) 462-2339.

Sincerely,

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

A handwritten signature in black ink, appearing to read "Harriett Coleman-Russ", is written over a horizontal line.

HARRIETT COLEMAN-RUSS
Division Manager,
Election Information Services

HCR:ja
Enclosure(s)

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp

COVER PAGE
CALIFORNIA
2001/02
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2004
through 12/31/2004

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

RECEIVED
CLERK'S OFFICE
2003 FEB -1 PM 1:10

Page 1 of 5
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER
1262139

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE CA

ZIP CODE 91502

AREA CODE/PHONE (818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE CA

ZIP CODE 91502

AREA CODE/PHONE (818) 260-0669

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

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 01/23/2005

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on

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

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT
☐ OPOSE

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period from 07/01/2004 through 12/31/2004	CALIFORNIA FORM 460
Page 3 of 5	I.D. NUMBER 1262139

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 0.00	41,125.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0.00	41,125.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	4,890.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0.00	46,015.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 1,679.32	41,344.17
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 1,679.32	41,344.17
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	4,890.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 1,679.32	46,234.17

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

2. Beginning Cash Balance	Previous Summary Page, Line 16 1,679.32
13. Cash Receipts	Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 1,679.32
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0.00

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0.00

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. This is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, 8, 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 07/01/2004
through 12/31/2004

CALIFORNIA
FORM
460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2004	El Segundo Firefighters PAC - State	<input checked="" type="checkbox"/> Monetary Contribution		1,000.00	1,000.00	
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 1,000.00						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 1,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on this Summary Page.) TOTAL \$ 1,000.00

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period from 07/01/2004 through 12/31/2004	CALIFORNIA FORM 460
Page 5 of 5	I.D. NUMBER 1262139

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/bailot fees	PHO phone banks	TRC candidate travel, lodging, and meals
IND 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
Durkee & Associates 601 S. Glencrooks Blvd., # 211 Burbank CA 91502	PRO		679.32
El Segundo Firefighters PAC - State PO Box 55 El Segundo CA 90245	CTB	ID: 1231824	1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 1,679.32

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1,679.32
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1,679.32

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/17/2004
through 06/30/2004

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

RECEIVED
CITY CLERK'S OFFICE
2004 JUL 26 PM 3:59
CALIFORNIA 460
2001/02
FORM 1
Page 1 of 7
For Official Use Only

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 Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 07/15/2004
Date

By Kinde Durkee

Kinde Durkee
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, 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 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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

CALIFORNIA
FORM 460

Statement covers period
from 04/17/2004
through 06/30/2004

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,700.00	\$ 41,125.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,700.00	\$ 41,125.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	4,890.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,700.00	\$ 46,015.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30 \$ 0.00	7/1 to Date \$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 5,954.00	\$ 39,634.85
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,954.00	\$ 39,634.85
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	4,890.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 5,954.00	\$ 44,524.85

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 \$ 5,744.15
13. Cash Receipts	Column A, Line 3 above 1,700.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 189.17
15. Cash Payments	Column A, Line 8 above 5,954.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,679.32

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
------------------------------	-------------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

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).

*Since January 1, 2001. 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.

Statement covers period from <u>04/17/2004</u> through <u>06/30/2004</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
05/25/2004	Committee To Re-Elect Sandra Jacobs PO Box 386 El Segundo CA 90245 ID: 1261810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,200.00	1,200.00	
06/16/2004	Mimi Huynh 1313 Grand Av #A El Segundo CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary Remax Realty	500.00	500.00	
		<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 \$				1,700.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,700.00
- Amount received this period – unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,700.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 04/17/2004
through 06/30/2004

CALIFORNIA
FORM 460
Page 5 of 7
I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

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
FL 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	TSE 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
Durkee & Associates 601 S Glenoaks Bl #211 Burbank CA 91502	PRO			2,100.00
TTA 4374 Alder Dr San Diego CA 92116	LIT			3,164.00
Scott Kampmeyer 20342 SW Cypress St Newport Beach CA 92660	LIT			500.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				5,764.00

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5,954.00
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 5,954.00

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

SCHEDULE E (CONT)

Statement covers period
04/17/2004
from
through 06/30/2004

CALIFORNIA
FORM
460

Page 6 of 7
I.D. NUMBER _____

1262139

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	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

[illegible]

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

SUBTOTAL \$	190.00
-------------	--------

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
from 04/17/2004
through 06/30/2004

CALIFORNIA
FORM | 460
Page 7 of 7

I.D. NUMBER
1262139

1262139

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
------------------	---

DESCRIPTION OF RECEIPT

AMOUNT OF
INCREASE TO CASH

04/30/2004

US Postmaster
El Segundo Main Post Office
El Segundo CA 90245

Refund

189.12

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$

189.12

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$	189.12
2. Unitemized increases to cash under \$100 this period.	\$	0.05
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	189.17

TOTAL \$ 189.17

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/17/2004
through 06/30/2004

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

RECEIVED
CITY CLERK'S OFFICE
JUL 26 PM 3:57
CALIFORNIA 2001/02
FORM 460
Page 1 of 7
For Official Use Only

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
☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-Annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER 1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 07/15/2004

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on _____

By _____

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

Executed on _____

By _____

Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____

By _____

Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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 04/17/2004
through 06/30/2004

CALIFORNIA
FORM 460

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ 1,700.00	\$ 41,125.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 7 0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,700.00	\$ 41,125.00	20. Contributions Received \$ 0.00 \$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	4,890.00	21. Expenditures Made \$ 0.00 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,700.00	\$ 46,015.00	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 5,954.00	\$ 39,634.85	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 7 0.00	0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,954.00	\$ 39,634.85	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00	
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	4,890.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 5,954.00	\$ 44,524.85	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 5,744.15	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).
13. Cash Receipts	Column A, Line 3 above 1,700.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 189.17	
15. Cash Payments	Column A, Line 8 above 5,954.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,679.32	
If this is a termination statement, Line 16 must be zero.		

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00	

*Since January 1, 2001, 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.

Statement covers period from <u>04/17/2004</u> through <u>06/30/2004</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>	SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

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)
05/25/2004	Committee To Re-Elect Sandra Jacobs PO Box 386 El Segundo CA 90245 ID: 1261810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,200.00	1,200.00	
06/16/2004	Mimi Huynh 1313 Grand Av #A El Segundo CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary Remax Realty	500.00	500.00	
		<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 \$				1,700.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,700.00
- Amount received this period – unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,700.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 04/17/2004
through 06/30/2004

CALIFORNIA
FORM 460

Page 5 of 7
I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

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
FL 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
LT 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
Durkee & Associates 601 S Glenoaks Bl #211 Burbank CA 91502	PRO		2,100.00
TTA 4374 Alder Dr San Diego CA 92116	LIT		3,164.00
Scott Kampmeyer 20342 SW Cypress St Newport Beach CA 92660	LIT		500.00
SUBTOTAL \$			5,764.00

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5,954.00
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 5,954.00

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

**CALIFORNIA
FORM 460**

Statement covers period
04/17/2004
from
through 06/30/2004

Page 6 of 7

I.D. NUMBER
1262139

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

6312 Westchester Blvd, #340

CA 90045

OFC

6242 Westchester Pky #240

100 00

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

SUBTOTAL \$	190.00
-------------	--------

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
from 04/17/2004
through 06/30/2004

CALIFORNIA
FORM | **460**
Page 7 of 7

I.D. NUMBER
1262139

[illegible]

Schedule I Summary

- | | | |
|---|----------|--------|
| 1. Increases to cash of \$100 or more this period. | \$ | 189.12 |
| 2. Unitemized increases to cash under \$100 this period. | \$ | 0.05 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$ | 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | 189.17 |

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED Date Stamp
CITY CLERK'S OFFICE

COVER PAGE
CALIFORNIA 460
2007/02
FORM

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/09/2004
through 04/16/2004

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

16 AM 11:17

Page 1 of 10
For Official Use Only

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
☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER 1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 04/15/2004

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on

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

Executed on

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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.

Statement covers period
from 04/09/2004
through 04/16/2004

CALIFORNIA
FORM 460
Page 3 of 10

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 6,500.00	\$ 39,425.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6,500.00	\$ 39,425.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	4,890.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6,500.00	\$ 44,315.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 6,219.00	\$ 33,680.85
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 6,219.00	\$ 33,680.85
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -4,404.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	4,890.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,815.00	\$ 38,570.85

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 5,463.15	
13. Cash Receipts	Column A, Line 3 above 6,500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 6,219.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,744.15	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00	

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30 \$ 0.00	7/1 to Date \$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

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	
/ /	\$	
/ /	\$	
/ /	\$	
/ /	\$	
/ /	\$	
/ /	\$	

*Since January 1, 2001, 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 04/09/2004
through 04/16/2004

SCHEDULE A
CALIFORNIA
FORM 460
Page 4 of 10

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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)
04/13/2004	Michael Condon 37 Misty Acres Rd Rolling Hill Estates CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Colliers Seeley	1,000.00	1,000.00	
04/13/2004	Craig Meyer 2421 Via Rivera Palos Verdes Estates CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Collers Seeley	1,000.00	1,000.00	
04/13/2004	Pacific Storage Partners LLC 17541 Seventeenth St Tustin CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	5,000.00	
04/13/2004	Psomas A Corporation 11444 W Olympic Bl #750 West Los Angeles CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
04/13/2004	Bret Quinlan 1520 Ramillo Av Long Beach CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Cushman & Wakefield	250.00	500.00	
SUBTOTAL \$				5,250.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6,500.00
- Amount received this period – unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 6,500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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.

Statement covers period from <u>04/09/2004</u> through <u>04/16/2004</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>10</u>		

NAME OF FILER Committee To Continue The Progress Of El Segundo	I.D. NUMBER 1262139
--	-------------------------------

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)
04/13/2004	Bret Quinlan 1520 Ramillo Av Long Beach CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Cushman & Wakefield	250.00	500.00	
04/13/2004	James Sullivan 1051 8th St Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate James K Sullivan	500.00	500.00	
04/13/2004	The Krasnove Law Firm APC 3838 Carson St #210 Torrance CA 90503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,250.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 04/09/2004
through 04/16/2004

SCHEDULE D
CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER

1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/15/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailers	1,468.01	9,867.62	
04/15/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailers	1,467.99	9,867.51	
04/15/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailers	1,468.00	9,867.56	
SUBTOTAL \$ 4,404.00						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 5,619.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 5,619.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 04/09/2004
 through 04/16/2004

SCHEDULE D (CONT.)
CALIFORNIA
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NAME OF FILER
 Committee To Continue The Progress Of El Segundo

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/15/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	405.00	9,867.62	
	City Council Member City of El Segundo District: 01					
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/15/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	405.00	9,867.51	
	City Council Member City of El Segundo District: 00					
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/15/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	405.00	9,867.56	
	City Council Member City of El Segundo District: 00					
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 1,215.00						

Schedule E Payments Made

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

Statement covers period from 04/09/2004 through 04/16/2004		CALIFORNIA FORM 460
Page 8 of 10		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailers	1,468.01
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailers	1,467.99
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailers	1,468.00
SUBTOTAL \$			4,404.00

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 6,219.00
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 6,219.00**

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>04/09/2004</u> through <u>04/16/2004</u>		CALIFORNIA FORM 460
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I.D. NUMBER 1262139		

Committee To Continue The Progress Of El Segundo

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 |
| FL 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 | TSE 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
TTA				
4374 Alder Dr San Diego	CA 92116	LIT	Mailier	405.00
TTA				
4374 Alder Dr San Diego	CA 92116	LIT	Mailier	405.00
TTA				
4374 Alder Dr San Diego	CA 92116	LIT	Mailier	405.00
Jennifer Jacobs				
123 E Oak Av #107 El Segundo	CA 90245	LIT		600.00

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

SUBTOTAL \$ 1,815.00

Schedule F Accrued Expenses (Unpaid Bills)

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 04/09/2004
through 04/16/2004

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Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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

CMF 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
FL 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
TTA 4374 Alder Dr San Diego CA 92116	LIT	4,404.00	0.00	4,404.00	0.00
SUBTOTALS \$		4,404.00 \$	0.00 \$	4,404.00 \$	0.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 4,404.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -4,404.00

May be a negative number

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY CLERK'S OFFICE
Date Stamp

COVER PAGE
CALIFORNIA
2001/02
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 03/27/2004
through 04/09/2004

Date of election if applicable:
(Month, Day, Year) 03/27/04

Page 1 of 12
For Official Use Only

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
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495
- To show changes in accrued expenditures (See Schedules D & F)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER 1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 04/15/2004

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on

By

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

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 03/27/2004
through 04/09/2004

CALIFORNIA
FORM 460

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Committee To Continue The Progress Of El Segundo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5,000.00	\$ 32,925.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,000.00	\$ 32,925.00
4. Nonmonetary Contributions	Schedule C, Line 3 720.00	4,890.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,720.00	\$ 37,815.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 7,276.79	\$ 27,461.85
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,276.79	\$ 27,461.85
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 4,404.00	4,404.00
10. Nonmonetary Adjustment	Schedule G, Line 3 720.00	4,890.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 12,400.79	\$ 36,755.85

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 7,739.94	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).
13. Cash Receipts	Column A, Line 3 above 5,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 7,276.79	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,463.15	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 4,404.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

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
_____/_____/_____	____/____/____	\$ _____
_____/_____/_____	____/____/____	\$ _____
_____/_____/_____	____/____/____	\$ _____
_____/_____/_____	____/____/____	\$ _____
_____/_____/_____	____/____/____	\$ _____
_____/_____/_____	____/____/____	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule D

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
from 03/27/2004
through 04/09/2004

SCHEDULE D
CALIFORNIA
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I.D. NUMBER
1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/02/2004	Bill Fisher City Council Member City of El Segundo District: 01	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.34	7,994.61	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/02/2004	Eric Busch City Council Member City of El Segundo District: 00	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.33	7,994.52	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/02/2004	Sandra Jacobs City Council Member City of El Segundo District: 00	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.33	7,994.56	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 700.00						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 6,130.54
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 6,130.54

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 03/27/2004
 through 04/09/2004

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NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER

1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/02/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	High propensity calling	102.18	7,994.61	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
04/02/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	High propensity calling	102.18	7,994.52	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
04/02/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution	High propensity calling	102.18	7,994.56	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
04/07/2004	Bill Fisher	<input checked="" type="checkbox"/> Monetary Contribution		661.34	7,994.61	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 967.88						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
 from 03/27/2004
 through 04/09/2004

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CALIFORNIA
FORM
460

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/07/2004	Eric Busch City Council Member City of El Segundo District: 00	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		661.33	7,994.52	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/07/2004	Sandra Jacobs City Council Member City of El Segundo District: 00	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		661.33	7,994.56	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/07/2004	Bill Fisher City Council Member City of El Segundo District: 01	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		806.67	7,994.61	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/07/2004	Eric Busch City Council Member City of El Segundo District: 00	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		806.66	7,994.52	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 2,935.99						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 03/27/2004
 through 04/09/2004

SCHEDULE D (CONT.)
CALIFORNIA
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NAME OF FILER
 Committee To Continue The Progress Of El Segundo

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/07/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		806.67	7,994.56	
04/08/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	7,994.56	
04/08/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	7,994.52	
04/08/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	7,994.61	
SUBTOTAL \$ 1,526.67						

Schedule F Accrued Expenses (Unpaid Bills)

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 03/27/2004
through 04/09/2004

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Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
TTA 4374 Alder Dr San Diego CA 92116	LIT	0.00	4,404.00	0.00	4,404.00
SUBTOTALS \$		0.00 \$	4,404.00 \$	0.00 \$	4,404.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 4,404.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 4,404.00

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY CLERK'S OFFICE
Date Stamp

COVER PAGE
CALIFORNIA
2001/02
FORM
460

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 04/09/2004

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on

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

Executed on

By Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
from 03/27/2004
through 04/09/2004

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I.D. NUMBER
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5,000.00	\$ 32,925.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,000.00	\$ 32,925.00
4. Nonmonetary Contributions	Schedule C, Line 3 720.00	4,890.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,720.00	\$ 37,815.00

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

20. Contributions Received	1/1 through 6/30 \$ 0.00	7/1 to Date \$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 7,276.79	\$ 27,461.85
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,276.79	\$ 27,461.85
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 6,003.99	6,003.99
10. Nonmonetary Adjustment	Schedule G, Line 3 720.00	4,890.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 14,000.78	\$ 38,355.84

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 \$ 7,739.94	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).
13. Cash Receipts	Column A, Line 3 above 5,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 7,276.79	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,463.15	

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
------------------------------	-------------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 6,003.99

*Since January 1, 2001. 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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Continue The Progress Of El Segundo

Statement covers period
from 03/27/2004
through 04/09/2004

CALIFORNIA
FORM 460

SCHEDULE A

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I.D. NUMBER
1262139

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
04/02/2004	Robert Healey 2921 Via La Selva Palos Verdes Estates CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker CB Richard Ellis	1,000.00	1,000.00	
04/02/2004	Albert Marco 240 Center St El Segundo CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Marco Fine Arts Gallery	3,000.00	3,000.00	
04/02/2004	William Peters 11 Johns Cyn Rd Rolling Hills CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CB Richard Ellis	1,000.00	1,000.00	
		<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 \$				5,000.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,000.00
- Amount received this period – unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,000.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 03/27/2004
through 04/09/2004

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Committee To Continue The Progress Of El Segundo

1262139

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)
04/08/2004	Wedgeewood Enterprise Corp 319 Main St El Segundo CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone Bank	720.00	7,890.00	
		<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 \$					720.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 720.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 720.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

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

Statement covers period from <u>03/27/2004</u> through <u>04/09/2004</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/02/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.34	8,527.93	
04/02/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.33	8,527.86	
04/02/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	233.33	8,527.89	
SUBTOTAL \$ 700.00						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 7,730.53
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 7,730.53

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 03/27/2004
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NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/02/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	High propensity calling	102.18	8,527.93	
04/02/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	High propensity calling	102.18	8,527.86	
04/02/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	High propensity calling	102.18	8,527.89	
04/07/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	1,468.00	8,527.93	
SUBTOTAL \$ 1,774.54						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from <u>03/27/2004</u> through <u>04/09/2004</u>	SCHEDULE D (CONT.) CALIFORNIA FORM 460
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NAME OF FILER _____ Committee To Continue The Progress Of El Segundo

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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04/07/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	1,468.00	8,527.89	
04/08/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	533.33	8,527.93	
04/08/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	533.33	8,527.86	
SUBTOTAL \$ 4,002.66						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from <u>03/27/2004</u> through <u>04/09/2004</u>	SCHEDULE D (CONT.) CALIFORNIA FORM 460
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NAME OF FILER
 Committee To Continue The Progress Of El Segundo

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/08/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	533.33	8,527.89	
04/08/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	8,527.89	
04/08/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	8,527.86	
04/08/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	240.00	8,527.93	
SUBTOTAL \$ 1,253.33						

Schedule E Payments Made

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

Statement covers period
from 03/27/2004
through 04/09/2004

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
1262139

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
FL 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
Kelly Calkin 1311 Euclid St #4 Santa Monica CA 90404	SAL		6,000.00
El Segundo Herald 312 E Imperial Av El Segundo CA 90245	PRT	Newspaper Ad	233.34
El Segundo Herald 312 E Imperial Av El Segundo CA 90245	PRT	Newspaper Ad	233.33
SUBTOTAL \$			6,466.67

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7,276.79
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 7,276.79

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

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>03/27/2004</u> through <u>04/09/2004</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>12</u>	

Committee To Continue The Progress Of El Segundo

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 |
| FL 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 | TSE 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
El Segundo Herald 312 E Imperial Av El Segundo CA 90245	PRT		Newspaper Ad	233.33
TMG Marketing Inc 717 17th St #1900 Denver CO 80202	PHO		High propensity calling	102.18
TMG Marketing Inc 717 17th St #1900 Denver CO 80202	PHO		High propensity calling	102.18
TMG Marketing Inc 717 17th St #1900 Denver CO 80202	PHO		High propensity calling	102.18
Matthew Giangrande 514 1/2 E Grand Av El Segundo CA 90245	SAL			270.25

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

SUBTOTAL \$ 810.12

Schedule F Accrued Expenses (Unpaid Bills)

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>03/27/2004</u> through <u>04/09/2004</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>12</u>	

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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
FL 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	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOI voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
TTA 4374 Alder Dr San Diego CA 92116	LIT	0.00	6,003.99	0.00	6,003.99
SUBTOTALS \$		0.00 \$	6,003.99 \$	0.00 \$	6,003.99

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 6,003.99
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 6,003.99

Late Contribution Report

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

RECEIVED
CITY CLERK'S OFFICE
LATE CONTRIBUTION REPORT

NAME OF FILER
Committee to Continue The Progress Of El Segundo

AREA CODE/PHONE NUMBER

1262139

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing

2004 APR -8 PM 4: 47

Report No.

☐ Amendment to Report No.

(explain below)

No. of Pages

213

CALIFORNIA
FORM 497
For Official Use Only

Late Contributions(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
4/8/04	Committee to Elect Eric Busch 619 E Pine El Segundo CA 90245 ID: 1260749	City Council Member City of El Segundo Ballot: Dist:	773.33	4/13/04
4/8/04	Committee to Elect Bill Fisher 1225 E Oak El Segundo CA 90245 ID: 1261453	City Council Member City of El Segundo Ballot: Dist:	773.33	4/13/04
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment:

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Committee To Continue The Progress Of El Segundo		DATE OF THIS FILING _____		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1262139	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages _____	2/3

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
4/7/04	Committee to Re-Elect Sandra Jacobs 420 Oregon St El Segundo CA 90245 ID: 1261816	City Council Member City of El Segundo Ballot: Dist:	1468.00	4/13/04
4/7/04	Committee to Elect Eric Busch 619 E Pine El Segundo CA 90245 ID: 1260744	City Council Member City of El Segundo Ballot: Dist:	1468.00	4/13/04
4/7/04	Committee to Elect Bill Fisher 1225 E Oak El Segundo CA 90245 ID: 1261453	City Council Member City of El Segundo Ballot: Dist:	1468.00	4/13/04
4/8/04	Committee to Re-Elect Sandra Jacobs 420 Oregon St El Segundo CA 90245 ID: 1261816	City Council Member City of El Segundo Ballot: Dist:	773.33	4/13/04

Reason for Amendment _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Committee To Continue The Progress Of El Segundo		Date of This Filing 04/08/2004	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 280-0669	LD. NUMBER (if applicable) 1262139	Report No. 1		
STREET ADDRESS 601 S Glenoaks Bl #211		<input type="checkbox"/> Amendment to Report No. _____ (see line below)		
CITY Burbank	STATE CA	ZIP CODE 91502	1 / 3	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes	PTY - Political Party
IND - Individual	SCC - Small Contributor Committee
COM - Recipient Committee (other than PTY or SCC)	
OTH - Other	

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY CLERK'S OFFICE
Date Stamp
2004 JUN -1 PM 5:21

COVER PAGE

CALIFORNIA
2001/02
FORM
460

Page 1 of 20

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 02/29/2004
through 03/26/2004

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

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
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 03/31/2004

By **Kinde Durkee**

Kinde Durkee
Signature of Treasurer or Assistant Treasurer

Executed on _____

By _____

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

Executed on _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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 02/29/2004 through 03/26/2004	CALIFORNIA FORM 460
Page 3 of 20	I.D. NUMBER 1262139

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ 22,375.00	\$ 27,925.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 7 \$ 0.00	\$ 0.00	20. Contributions Received \$ 0.00 \$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 22,375.00	\$ 27,925.00	21. Expenditures Made \$ 0.00 \$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 4,170.00	\$ 4,170.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 26,545.00	\$ 32,095.00	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 15,743.56	\$ 20,185.06	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 7 \$ 0.00	\$ 0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 15,743.56	\$ 20,185.06	Date of Election (mm/dd/yy) Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00	____/____/____ \$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 4,170.00	\$ 4,170.00	____/____/____ \$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 19,913.56	\$ 24,355.06	____/____/____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,108.50	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).
13. Cash Receipts	Column A, Line 3 above \$ 22,375.00	____/____/____ \$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	____/____/____ \$ _____
15. Cash Payments	Column A, Line 8 above \$ 15,743.56	____/____/____ \$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,739.94	____/____/____ \$ _____

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00	

*Since January 1, 2001. 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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 02/29/2004
through 03/26/2004

CALIFORNIA
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Page 4 of 20

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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)
03/01/2004	Consolidated Disposal Service 12949 Telegraph Rd Santa Fe Springs CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	3,000.00	
03/04/2004	Ray Gen 1360 E Mariposa Av El Segundo CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher ESUSD	100.00	100.00	
03/24/2004	George Kallis 469 36th St Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CB Richard Ellis Inc.	1,000.00	1,000.00	
03/04/2004	James Kizirian 28729 Rothrock Dr Rancho Palos Verdes CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Jim & Jacks Auto Repair	3,000.00	3,000.00	
03/17/2004	Pacific Storage Partners LLC 17541 Seventeenth St Tustin CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
SUBTOTAL \$				9,100.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 22,350.00
- Amount received this period – unitemized contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 22,375.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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.

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>		CALIFORNIA FORM 460
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NAME OF FILER	Committee To Continue The Progress Of El Segundo			I.D. NUMBER	1262139
---------------	--	--	--	-------------	---------

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)
03/01/2004	Brigitte Poulton 11944 Brentridge Dr Los Angeles CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainer Bobby Sherman Enterprises	250.00	250.00	
03/01/2004	SAMS Venture LLC 1900 Avenue Of The Stars #320 Los Angeles CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,000.00	6,000.00	
03/24/2004	Spectrum Club Holding Company 2805 N Dallas Pkwy #600 Plano TX 75093	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
03/04/2004	The Deretin Group 9800 S Sepulveda Bl #720 Los Angeles CA 90045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
03/01/2004	The Great Sepulveda Car Wash 235 W Florence Av Inglewood CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
SUBTOTAL \$				13,250.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>	CALIFORNIA FORM 460 SCHEDULE C
Page <u>6</u> of <u>20</u>	

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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)
02/29/2004	Wedgewood Enterprise Corp 319 Main St El Segundo CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone Bank	3,570.00	7,170.00	
03/04/2004	Wedgewood Enterprise Corp 319 Main St El Segundo CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Rent	600.00	7,170.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					4,170.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 4,170.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 4,170.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule D

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 02/29/2004
through 03/26/2004

CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/09/2004	Sandra Jacobs City Council Member City of El Segundo District: 00	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	2,433.33	5,951.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/09/2004	Bill Fisher City Council Member City of El Segundo District: 01	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	2,433.34	5,951.08	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/09/2004	Eric Busch City Council Member City of El Segundo District: 00	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	2,433.33	5,951.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 7,300.00						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 17,765.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 88.15
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 17,853.15

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>	CALIFORNIA FORM 460
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NAME OF FILER
 Committee To Continue The Progress Of El Segundo

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/25/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	806.66	5,951.02	
03/25/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	806.67	5,951.08	
03/25/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	806.67	5,951.05	
03/09/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Postage	100.00	5,951.05	
SUBTOTAL \$ 2,520.00						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 02/29/2004
 through 03/26/2004

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NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER

1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/09/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	Postage	100.00	5,951.08	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/09/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Postage	100.00	5,951.02	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/15/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Postage	66.66	5,951.02	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/15/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	Postage	66.67	5,951.08	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 333.33						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 02/29/2004
 through 03/26/2004

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NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/15/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution	Postage	66.67	5,951.05	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/25/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Postage	66.66	5,951.02	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/25/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	Postage	66.67	5,951.08	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/25/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution	Postage	66.67	5,951.05	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 266.67						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULE D (CONT.)
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I.D. NUMBER
 1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/01/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Newspaper Ad	333.33	5,951.02	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/01/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	Newspaper Ad	333.34	5,951.08	
	City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/01/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution	Newspaper Ad	333.33	5,951.05	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
03/15/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Newspaper Ad	500.00	5,951.02	
	City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 1,500.00						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 02/29/2004
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I.D. NUMBER

1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/15/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	500.00	5,951.08	
03/15/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Newspaper Ad	500.00	5,951.05	
03/25/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	225.00	5,951.02	
03/25/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailier	225.00	5,951.08	
SUBTOTAL \$ 1,450.00						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 02/29/2004
 through 03/26/2004

SCHEDULE D (CONT.)
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Committee To Continue The Progress Of El Segundo

I.D. NUMBER

1262139

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/25/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	225.00	5,951.05	
02/29/2004	Sandra Jacobs City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	1,190.00	5,951.05	
02/29/2004	Bill Fisher City Council Member City of El Segundo District: 01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	1,190.00	5,951.08	
02/29/2004	Eric Busch City Council Member City of El Segundo District: 00 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Phone Bank	1,190.00	5,951.02	
SUBTOTAL \$ 3,795.00						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 02/29/2004
 through 03/26/2004

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I.D. NUMBER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/04/2004	Sandra Jacobs	<input type="checkbox"/> Monetary Contribution	Rent	200.00	5,951.05	
	City Council Member City of El Segundo District: 00	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/04/2004	Bill Fisher	<input type="checkbox"/> Monetary Contribution	Rent	200.00	5,951.08	
	City Council Member City of El Segundo District: 01	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/04/2004	Eric Busch	<input type="checkbox"/> Monetary Contribution	Rent	200.00	5,951.02	
	City Council Member City of El Segundo District: 00	<input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ 600.00						

Schedule E Payments Made

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

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>		CALIFORNIA FORM 460
Page <u>15</u> of <u>20</u>		
I.D. NUMBER <u>1262139</u>		

Committee To Continue The Progress Of El Segundo

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
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailier	2,433.33
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailier	2,433.34
TTA 4374 Alder Dr San Diego CA 92116	LIT	Mailier	2,433.33
SUBTOTAL \$			7,300.00

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 15,655.41
2. Unitemized payments made this period of under \$100 \$ 88.15
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 15,743.56

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from 02/29/2004 through 03/26/2004		CALIFORNIA FORM 460
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Committee To Continue The Progress Of El Segundo

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> CMF campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSE transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) |
|--|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TTA				
4374 Alder Dr San Diego CA 92116	LIT	Mailer		806.66
TTA				
4374 Alder Dr San Diego CA 92116	LIT	Mailer		806.67
TTA				
4374 Alder Dr San Diego CA 92116	LIT	Mailer		806.67
US Postmaster				
EI Segundo Main Post Office EI Segundo CA 90245	POS	Postage		100.00
US Postmaster				
EI Segundo Main Post Office EI Segundo CA 90245	POS	Postage		100.00
US Postmaster				
EI Segundo Main Post Office EI Segundo CA 90245	POS	Postage		100.00

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

SUBTOTAL \$ 2,620.00

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>		CALIFORNIA FORM 460
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I.D. NUMBER 1262139		

Committee To Continue The Progress Of El Segundo

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 |
| FL candidate filing/bailot 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
US Postmaster				
El Segundo Main Post Office		POS	Postage	100.00
El Segundo	CA 90245			
US Postmaster				
El Segundo Main Post Office		POS	Postage	66.66
El Segundo	CA 90245			
US Postmaster				
El Segundo Main Post Office		POS	Postage	66.67
El Segundo	CA 90245			
US Postmaster				
El Segundo Main Post Office		POS	Postage	66.67
El Segundo	CA 90245			
US Postmaster				
El Segundo Main Post Office		POS	Postage	66.66
El Segundo	CA 90245			

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

SUBTOTAL \$ 366.66

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from 02/29/2004 through 03/26/2004		CALIFORNIA FORM 460
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Committee To Continue The Progress Of El Segundo

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
US Postmaster			
El Segundo Main Post Office	POS	Postage	66.67
El Segundo	CA 90245		
US Postmaster			
El Segundo Main Post Office	POS	Postage	66.67
El Segundo	CA 90245		
Kelly Calkin			
1311 Euclid St #4	SAL		2,000.00
Santa Monica	CA 90404		
Kelly Calkin			
1311 Euclid St #4	OFC		60.41
Santa Monica	CA 90404		
El Segundo Herald		Newspaper Ad	
312 E Imperial Av	PRT		333.33
El Segundo	CA 90245		

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

SUBTOTAL \$ 2,527.08

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>02/29/2004</u> through <u>03/26/2004</u>		CALIFORNIA FORM 460
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I.D. NUMBER

1262139

Committee To Continue The Progress Of El Segundo

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	TFS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE 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
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		333.34
El Segundo	CA			
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		333.33
El Segundo	CA			
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		500.00
El Segundo	CA			
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		500.00
El Segundo	CA			
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		500.00
El Segundo	CA			
El Segundo Herald			Newspaper Ad	
312 E Imperial Av		PRT		500.00
El Segundo	CA			

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

SUBTOTAL \$ 2,166.67

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 02/29/2004
through 03/26/2004

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Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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

<p>OMP campaign paraphernalia/misc. ONS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings</p>	<p>MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey/research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads</p>	<p>RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)</p>
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NAME AND ADDRESS OF PAYEE (If COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Jacobs 123 E Oak Av #107 El Segundo CA 90245	LIT	Mailier		225.00
Jennifer Jacobs 123 E Oak Av #107 El Segundo CA 90245	LIT	Mailier		225.00
Jennifer Jacobs 123 E Oak Av #107 El Segundo CA 90245	LIT	Mailier		225.00

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

SUBTOTAL \$ 675.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY CLERK'S OFFICE
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CALIFORNIA
2001/02
FORM
460

COVER PAGE

Page 1 of 6
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2004
through 02/28/2004

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

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
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER
1262139

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Bl #211

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and 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 03/03/2004

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

Executed on

By

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

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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. 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 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 01/01/2004
through 02/28/2004

CALIFORNIA
FORM
460

Page 3 of 6

I.D. NUMBER
1262139

Committee To Continue The Progress Of El Segundo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5,550.00	\$ 5,550.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,550.00	\$ 5,550.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,550.00	\$ 5,550.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

19. Contributions Received	1/1 through 6/30 \$ 0.00	7/1 to Date \$ 0.00
20. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 4,441.50	\$ 4,441.50
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4,441.50	\$ 4,441.50
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 4,441.50	\$ 4,441.50

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
1/1/04	\$
2/1/04	\$
3/1/04	\$
4/1/04	\$
5/1/04	\$
6/1/04	\$
7/1/04	\$
8/1/04	\$
9/1/04	\$
10/1/04	\$
11/1/04	\$
12/1/04	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0.00
13. Cash Receipts	Column A, Line 3 above 5,550.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 4,441.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,108.50

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
------------------------------	-------------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

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).

*Since January 1, 2001. 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.

Statement covers period
from 01/01/2004
through 02/28/2004

CALIFORNIA
FORM 460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Continue The Progress Of El Segundo

I.D. NUMBER
1262139

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)
02/11/2004	Consolidated Disposal Service 12949 Telegraph Rd Santa Fe Springs CA 90670	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
01/22/2004	S & S Hardware Co Inc 1111 E Grand El Segundo CA 90245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
02/19/2004	Wedgewood Enterprise Corp 319 Main St El Segundo CA 90245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				5,500.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,500.00
- Amount received this period – unitemized contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,550.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 01/01/2004
through 02/28/2004

Page 5 of 6
I.D. NUMBER
1262139

CALIFORNIA
FORM
460
SCHEDULE E

Committee To Continue The Progress Of El Segundo

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
Fry's Electronics 10300 Kalama River Av Fountain Valley CA 92708	OFC		216.50
US Postal Service 505 S Flower Los Angeles CA 90009	POS		225.00
Kelly Calkin 1311 Euclid St #4 Santa Monica CA 90404	SAL		1,500.00
SUBTOTAL \$			1,941.50

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 4,441.50
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4,441.50**

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

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2004
through 02/28/2004

CALIFORNIA
FORM **460**

Page 6 of 6

Committee To Continue The Progress Of El Segundo

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

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

[illegible]

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

SUBTOTAL \$	2,500.00
-------------	----------

Statement of Organization
Recipient Committee

Type or print in ink

1262139

Statement Type

☒ Initial
Not yet qualified ☒ or

☐ Amendment
List I.D. number:

☐ Termination - See Part 5
List I.D. number:

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JAN 15 2004
KEVIN SHELLEY, Secretary of State
CALIFORNIA FORM 410
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Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Committee to Continue the Progress of El Segundo

STREET ADDRESS (NO P.O. BOX)

601 S Glenoaks Blvd. #211

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91502 818-260-0669

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kinde Durkee

STREET ADDRESS

601 S Glenoaks Blvd. #211

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91502 818-260-0669

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 01/12/04

By Kinde Durkee

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Continue the Progress of El Segundo

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 3
I.D. NUMBER

STATEMENT OF ORGANIZATION
CALIFORNIA
FORM
410

Committee to Continue the Progress of El Segundo

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To Support and/or oppose candidates and/or ballots in an election

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐ _____ / _____ / _____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

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**DURKEE &
ASSOCIATES**

601 S. Glenoaks Blvd., Suite 211, Burbank, CA 91502

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TO:

El Segundo City Clerk
350 Main Street
El Segundo, CA 90245



City of El Segundo

Cathy Domann, CMC
Deputy City Clerk

Elected Officials:

Kelly McDowell,
Mayor
John G. Gaines,
Mayor Pro Tem
Jim Boulgarides,
Council Member
Eric K. Busch,
Council Member
Carl Jacobson,
Council Member
Cindy Mortesen,
City Clerk
Ralph Lanphere,
City Treasurer

Appointed Officials:

Mary Strenn,
City Manager
Mark D. Hensley,
City Attorney

Department Directors:

Jeffrey Stewart,
Assistant City Manager
Bret Plumlee,
Administrative Services
James Hansen,
Community, Economic and
Development Services
Norm Angelo,
Fire Chief
Debra Brighton,
Library & Cable Services
Jack Wayt,
Police Chief
Interim Director,
Public Works
Stacia Mancini,
Recreation & Parks

www.elsegundo.org

January 12, 2005

Kinde Durkee
601 S. Glenoaks Bl #211
Burbank, CA 91502

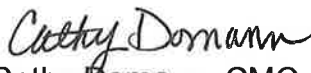
RE: Semi-Annual Form 460 Committee Campaign Statement – Committee to
Continue the Progress of El Segundo

Dear Ms. Durkee:

This is a reminder that your Semi-Annual Form 460, covering the period of July 1, 2004 through December 31, 2004, is due to be filed in the City Clerk's office by 5:00 p.m. January 31, 2005.

Should you have any questions regarding the above, or should you need forms, please feel free to contact this office.

Sincerely,


Cathy Domann, CMC
Deputy City Clerk



City of El Segundo

Cindy Mortesen, CMC
City Clerk

July 26, 2004

Kinde Durkee
601 S. Glenoaks Bl #211
Burbank, CA 91502

RE: Semi-Annual Form 460 Committee Campaign Statement - Committee to Continue
the Progress of El Segundo

Dear Ms. Durkee:

This is just a reminder that your Semi-Annual Form 460, covering the period of April 16, 2004 through June 30, 2004, is due to be filed in the City Clerk's office by 5:00 p.m. July 30, 2004.

Should you have any questions regarding the above, or should you need any additional forms, please feel free to contact this office.

Sincerely,


Cathy Domann, CMC
Deputy City Clerk

Office of The City Clerk
350 Main Street, El Segundo, California 90245-3813
Phone (310) 524-2307 FAX (310) 615-0529



City of El Segundo

Cindy Mortesen, CMC
City Clerk

June 29, 2004

Kinde Durkee
Committee to Continue the Progress of El Segundo
601 S. Glenoaks Bl #211
Burbank, CA 91502

RE: Semi-Annual Form 460 Recipient Committee Campaign Statement - Long Form

Dear Ms. Durkee:

Your Semi-Annual Form 460, covering the period April 16, 2004 through June 30, 2004, is due to be filed in the City Clerk's office by 5:00 p.m. July 30, 2004.

Should you have any questions regarding the above, or should you need any additional forms, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Cathy Domann".

Cathy Domann, CMC
Deputy City Clerk

Office of The City Clerk
350 Main Street, El Segundo, California 90245-3813
Phone (310) 524-2307 FAX (310) 615-0529