

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp  
**RECEIVED**  
 OCT 20 2010  
 SLO CITY CLERK

Page 1 of 15  
 For Official Use Only

Statement covers period  
 from 10-1-10  
 through 10-16-10

Date of election if applicable:  
 (Month, Day, Year)  
11-2-2010

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1327506

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

Elect Jan Marx Mayor 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Luis Obispo CA 93405 805 541-2716

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

PO Box 1445

CITY STATE ZIP CODE AREA CODE/PHONE  
San Luis Obispo CA 93406 805 541-2716

OPTIONAL: FAX / E-MAIL ADDRESS

jan@janmarx.com

**Treasurer(s)**

NAME OF TREASURER

Gregory Ty Griffin

CITY STATE ZIP CODE AREA CODE/PHONE  
San Luis Obispo CA 93401 805 543-2679

NAME OF ASSISTANT TREASURER, IF ANY

Jan Marx

CITY STATE ZIP CODE AREA CODE/PHONE  
San Luis Obispo CA 93405 805 541-2716

OPTIONAL: FAX / E-MAIL ADDRESS

jan@janmarx.com

**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 October 20, 2010  
 Date

Executed on October 20, 2010  
 Date

Executed on \_\_\_\_\_  
 Date

Executed on \_\_\_\_\_  
 Date

By \_\_\_\_\_

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

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 15

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Jan Marx

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

Mayor of the City of San Luis Obispo

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

San Luis Obispo CA 93405

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

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

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

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

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

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10-1-10</u> through <u>10-16-10</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>3</u> of <u>15</u>
	I.D. NUMBER 1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>5615</u>	\$ <u>19,442</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>2,000</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>5615</u>	\$ <u>21,442</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>800</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>5615</u>	\$ <u>22,242</u>

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

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

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>5509</u>	\$ <u>18,496</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>5509</u>	\$ <u>18,496</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>966</u>	<u>966</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>6475</u>	\$ <u>19,462</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>3640</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>5615</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>-</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>5509</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3746</u>

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

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

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

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

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10-1-10</u>	<b>CALIFORNIA FORM 460</b>
through <u>10-16-10</u>	
Page <u>4</u> of <u>15</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Elect Jan Marx Mayor 2010</u>	I.D. NUMBER <u>1327506</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	See attached	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3875

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1740

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5615

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

Date	Name	and address	Code	Occupation & Employer	\$ Period	\$ YTD	\$ Election
10/1	Frank Basich		Ind	Architect, In Balance Green Consulting	100	100	100
10/1	John Carsel		Ind	Attorney, Self	100	100	100
10/1	Craig McCollum		Ind	Mediator, Self	100	200	200
10/1	Allen Settle		Ind	Professor, Cal Poly	200	200	200
10/1	Mary & George Mach		Ind	Retired	50	100	100
10/1	Carolyn Smith		Ind	Retired	100	100	100
10/1	Leslie Krinsk		Ind	Retired	100	100	100
10/1	Virgina Bass		Ind	Retired	100	200	200
10/1	Susan Piel		Ind	Retired	200	200	200
10/1	Larry Nelson		Ind	Retired	200	200	200
10/1	Cheryl McCollum		Ind	Administrator, Just Resolutions	200	200	200
10/1	SLO Democratic Club	PO Box 15016, SLO, CA 93403	Pty	n/a	200	200	200
10/1	Friends of John Laird	5429 Madison Ave, Sacramento, CA 95841	Com	# 1327133	200	200	200
10/3	Roger Longden		Ind	Retired	100	100	100
10/3	Steve Schneider		Ind	Retired	100	100	100
10/3	Dominc & Christine Perello		Ind	Retired	100	200	200
10/3	Adam Hill		Ind	Supervisor, SLO County	100	100	100
10/4	David Hannings		Ind	Retired	25	200	200
10/5	Sallie Harlan		Ind	Retired	100	100	100
10/5	Robert Bronte		Ind	Retired	100	100	100
10/5	David Brodie		Ind	Retired	50	100	100
10/6	Don Berry		Ind	Custodian, SLO County Office of Education	100	200	200
10/6	Charles Myers		Ind	Restaurateur, Big Sky	100	100	100
10/7	Howard Butts		Ind	Retired	100	100	100
10/9	Julia Krejsa		Ind	Retired	50	125	125

Subtotal (\$ Period): \$ 2875-

Date	Name	and address	Code	Occupation & Employer	\$ Period	\$ YTD	\$ Election
10/9	Kent Taylor		Ind	Retired	50	150	150
10/9	Richard Krejsa		Ind	Retired	100	175	175
10/9	Chester Gibbs		Ind	Supervisor, SLO YMCA	100	200	200
10/9	John Spatfore		Ind	Attorney, self	200	200	200
10/11	John Ashbaugh		Ind	Educator, Allan Hancock College	100	100	100
10/12	Betty Ann Hansen		Ind	Consultant, SLOCAP	100	100	100
10/13	Richard Root		Ind	Retired	100	100	100
10/14	Suzanne Fryer		Ind	Attorney, Copeland Properties	200	200	200
10/15	Odile Ayrat-Clause		Ind	Retired	50	125	125

Subtotal (\$ Period): \$1000

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from <u>10-1-10</u> through <u>10-16-10</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

I.D. NUMBER

1327506

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jan Marx [REDACTED] San Luis Obispo CA 93405	Attorney, retired; Council Member, City of San Luis Obispo CA	\$ 2,000.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2,000.00  11-3-2010 DATE DUE	0 RATE	\$ 2,000.0  09/05/10 DATE INCURRED	CALENDAR YEAR \$ 2000.00 PER ELECTION** \$ N/A
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>							\$ 2,000.00	\$

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

**Schedule B Summary**

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

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

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-1-10</u> through <u>10-16-10</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>15</u>
	I.D. NUMBER 1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America (VISA) (#1021) PO Box 301200 Los Angeles CA 90030-1200		VISA Bill	248.23
Run and Win (paid by VISA) PO Box 2096 Aiken SC 29802	CMP	magnetized car signs	87.00
USPS (paid by VISA) Dalidio Drive San Luis Obispo CA 93401	POS	postage	12.04

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

**SUBTOTAL \$** see next page

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>5509<sup>-</sup></u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>5509<sup>-</sup></u>

**Schedule E  
Payments Made**

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

Statement covers period  
from 10-1-10  
through 10-16-10

SCHEDULE E

**CALIFORNIA FORM 460**

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I.D. NUMBER  
1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
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
Bank of America (VISA) (#1021) PO Box 301200 Los Angeles CA 90030-1200		VISA Bill	248.23
San Luis Obispo County (paid by VISA) 1055 Monterey San Luis Obispo CA 93401		voter information	61.00
USPS (paid by VISA) Dalidio Drive San Luis Obispo CA 93401	POS	postage	88.00

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

**SUBTOTAL \$ 248.23**

**Schedule E Summary**

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-1-10</u>	<b>CALIFORNIA FORM 460</b>
through <u>10-16-10</u>	
Page <u>10</u> of <u>15</u>	
I.D. NUMBER 1327506	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Policy Solutions (1020) PO Box 1254 San Luis Obispo CA 93406	RAD	(#1020) Reimbursement of purchase of Radio advertising time	\$850.00
Public Policy Solutions (1022) PO Box 1254 San Luis Obispo CA 93406	POS	(#1022) Postage reimbursement	\$54.99
Journal Plus (1023) 654 Osos St San Luis Obispo CA 93401	PRT	(#1023) October and November ads	\$1300.00

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

**SUBTOTAL \$**

**Schedule E Summary**

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10-1-10	
through	10-16-10	Page <u>11</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Elect Jan Marx Mayor 2010		1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

I.D. NUMBER

1327506

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America (VISA) (#1026) PO Box 301200 Los Angeles CA 90030-1200		VISA Bill	\$1183.01
Fedex (paid by VISA) 1127 Chorro San Luis Obispo CA 93401	LIT	photocopying of letter	153.01
El Dorado Broadcasters (Paid by VISA) 51 Zaca Lane San Luis Obispo CA 93401	RAD	radio ad time	\$1030.00

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

**SUBTOTAL \$ 1183.01**

**Schedule E Summary**

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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-1-10</u> through <u>10-16-10</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>15</u>
	I.D. NUMBER 1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Luis Mailing (#1027) 2224 Beebee San Luis Obispo CA 93401	LIT		885.08
San Luis Mailing (#1028) 2224 Beebee San Luis Obispo CA 93401	LIT		279.33
Cal Coast News (1029)	WEB		117.00

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

**SUBTOTAL \$**

**Schedule E Summary**

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

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10-1-10	
through	10-16-10	Page <u>13</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elect Jan Marx Mayor 2010

I.D. NUMBER  
1327506

**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
Fertile Minds (#1024) 1318 Chorro Street San Luis Obispo CA 93401	WEB		187.50
San Luis Mailing (#1025) 2224 Beebee San Luis Obispo CA 93401	LIT		404.17

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

**SUBTOTAL \$**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10-1-10	
through	10-16-10	Page <u>14</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Elect Jan Marx Mayor 2010		1327506

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jan Marx Mayor 2010

I.D. NUMBER

1327506

**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 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
El Dorado Broadcasters 51 Zaca Lane San Luis Obispo CA 93401	RAD	\$305.60	0	0	\$305.60
Got Print Burbank Airport Center (pd w VISA) 7625 San Fernando Rd 8B Burbank CA 91505	LIT	\$403.40	0	0	\$403.40
Fedex Kinko's (paid with VISA) 894 Monterey St San Luis Obispo CA 93401	photocopying	5.87	0	0	5.87
<b>SUBTOTALS \$</b>			\$	\$	\$

\* 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 \$** \_\_\_\_\_
- 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 \$** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_  
May be a negative number

