Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stam		CALIFORNIA 460	
	Statement covers period from 7 - 1 - 1 (	Date of election if applicable: (Month, Day, Year)	12 JAN 31	P2:40	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-11	6-5-12	 BITY OF CHULA CITY CLERK'S :	V January	
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Specia Supple	orly Statement I Odd-Year Report Imental Preelection Ient - Attach Form 495
STREET ADDRESS (NO P.O. BOX)  CITY  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY  STATE ZIP COD  CITY  STATE ZIP COD  CITY  STATE ZIP COD	1911 (619)3/6-4247	MAILING ADDRESS  5783 Q V  CITY  BOV 1744  NAME OF ASSISTANT TREASUR	STATE  STATE  STATE	ZIP COD	2 (C19/479-3183
A. Verification I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California  Executed on	By	OPTIONAL: FAX / E-MAIL ADDRESS  riedge the information contained here  Signature of Treasurer or Assistant To  Signature of Controlling Officeholder, Candidate, State  Indianal Controlling Officeholder, Candidate, State  State Measure Proprietation of Controlling Officeholder, Candidate, State  Option Option Option Option Option Option  Option Option Option Option Option Option  Option Option Option Option Option Option  Option O	ein and in the attache		is true and complete. I certify
Executed on	Ву	gnature of Controlling Officeholder, Candidate, Sta	assure i rupunent		

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

COVER P	AGE - PART 2
CALIFORNIA	460
FORM	410W

Page 2 of 12

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure	Committee			
	NAME OF OFFICEHOLDER OR CANDIDATE							
	Lavry Britfelder		NAME OF BALLOT MEASURE					
	OFFICE SOUGHT OR WELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT		
	Chula VISTA CVTY Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP					OPPOSE		
	1595-57 Merchano Dr. Chila Vista	4 919	Identify the controlling office			re proponent, if any.		
NAME OF OFFICEHOLDER, CANDID					PONENT			
	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.		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY		
	COMMITTEE NAME I.D. NUMBER							
(	Breiteller for Cvay Carnell 2010 1320093  NAME OF TREASURER  CONTROLLED COMMITTEE?  DYES TO NO	7.	Primarily Formed Candid officeholder(s) or candidate(s) fo	ate/Office	holder Committee	List names of rmed.		
i	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANI	DIDATE	OFFICE SOUGHT OR HELD	SUPPORT		
	CITY STATE ZIP CODE AREA CODE/PHONE					OPPOSE		
=	OWIE ZIP GODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAND	DIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT		
(	COMMITTEE NAME I.D. NUMBER					OPPOSE		
_			NAME OF OFFICEHOLDER OR CANE	DIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE		
ì	NAME OF TREASURER CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR CANE	NDATE.	0.551.05.05.05			
_	YES NO		NAME OF OFFICEHOLDER OR CANE	DIDATE	OFFICE SOUGHT OR HELD	∐ SUPPORT		
C	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					OPPOSE		
_								
C	STATE ZIP CODE AREA CODE/PHONE		Attach c	ontinuation	sheets if necessary			

## **Campaign Disclosure Statement Summary Page**

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-11 Page 3 of 12

SEE INSTRUCTIONS ON REVERSE NAME OF FILER J.D. NUMBER 2012 1340550 Column A **Contributions Received** Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 456.55 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 20. Contributions Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 8 8 94.48 6. Payments Made ...... Schedule E, Line 4 \$ **Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 8,894.48 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date Ø 10. Nonmonetary Adjustment ...... Schedule C, Line 3 (mm/dd/yy) 8,894.48 Current Cash Statement 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 To calculate Column B, add 56.55 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 8,894,48 report. Some amounts in Column A may be negative 2,562,00 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14. then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if anv). 18. Cash Equivalents ...... See instructions on reverse 5,000,00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE A (CON

Statement covers period  from	CALIFORNIA 460
through 12-31-11	Page of _ 12
	I.D. NUMBER

1340550 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) TJKND. Bette Souza 3810 Valley Visia Rd. Bonita CA 91902 **□COM** Honene Ver 700,00 12-30-11 **□OTH □** PTY SCC Horvey Souza 3810 Valley Vista RJ. Benita, CA 91902 [ZHKID our ПСОМ 300 00 Village Cord Club □OTH PTY 12-31-11 □scc MD Earl Jenz i wrev **□СОМ** 300,00 397 31d Ave \* A 12-27-11 **□OTH** Balbon Realty Homemaker PTY Chula Vista (491910 □scc LAND Karen Jentz ПСОМ 12-27-11 3.00,00 397 300 AVE #A OTH □ PTY Chula Vista CA 91910 □scc Ascerción Breitfelor [] IND ☐COM 10-15-11 200 1595-57 Mercheuro Dr. **□OTH** □ PTY Chila Vista CA 91911 SCC 1500.00 SUBTOTAL \$

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CON Statement covers period from 7-1-11 FORM 460

through 12-31-11 Page 5 of 12

NAME OF FILER	0 0.0 . 0					I.D. NI	JMBER
	Breit Felder fo	or Cly	Couril 20	12		13	340550
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
7-20-11	Charles Smith 534 Trail Proje Dr. Borita, A 91902	□ COM □ COM □ OTH □ PTY □ SCC	Petred	100.00		:	
7-15-11	Peter Warry 81 2nd Ave Chala Vista A 91910	.⊠ÍND □COM □OTH □PTY □SCC	Perired	100.22			
7-18-11	Poy Muroka 1478 Ist Are #B Chula Vista, CA 91911	□#MD □COM □OTH □PTY □SCC	Pertred	300,00	,		
12-15-11	VICTOR GRAF 20 E. Palomer St. Chula Vista CA 91911	☐fND ☐COM ☐OTH ☐PTY ☐SCC	Returd	100.00			
10-15-11	Suzanne Santos 591 Telegraph Conyon RJ. Chula Vista, CA 91910	□IND □COM □OTH □PTY □SCC	Penred	100, 22			
			SUBTOTAL \$	700,00			V 11 11 17 17

\*Contributor Codes

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SCC - Small Contributor Committee

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CON Statement covers period rom 7-1-11 FORM 460

NAME OF FILER	BreitCelder For	(14)	our il 2012			1.D. NUMBER 134 0550
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE PER ELECTION TO DATE
10-27-11	Bruce Boogard 466 3rd Ave * A Chula Vista. (A 91910	☐ COM ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Self Employed	100.00		
12-9-11	Dr. Alfred F Salgonick 855 Gunny Clus Dr. Chula Visha, CA 91511	□HND □COM □OTH □PTY □SCC	Retired	100.21		
12-15-11	Doug Fuller 4340 Gilne RD. F. Benga, LA 91902	DÍND COM OTH PTY SCC	owner Fuller Myso Reclarship	300.00	,	
12-25-11	Elsa Sivers 5530 VIA Bello San Drego, CA 92111	DAND ☐COM ☐OTH ☐PTY ☐SCC	Chef Zorbas'	300,00		
12-29-11	Henry Edward Make Jr.  913 South Arm Arc SF.  Albuguerghe NM 87123	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Altorney	100, 2)		
	0		SUBTOTAL\$	900,00		

\*Contributor Codes

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PTY - Political Party

SCC - Small Contributor Committee

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

Type or print in ink.

SCHEDULE A (CON

to whole dollars.	Statement covers period from	CALIFORNIA 460
	through 12-31 -11	Page 7 of 12
C For City Council 2017		1.D. NUMBER 134 0550

	Breit felder for	C	\			JMBER
	THE PERSON TO	C.M.	ouril 2012		)	34 0550
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-11-11	Tom Suchberry Jr. 5465 Morehuse Dr. *260 San Drego, CA 92121	DAND COM OTH PTY Scc	CFO Sudarry Properties	300,00		
7-9-11	Gerald SGH 462 E St. Chula VISTA CA 91910	MND □COM □OTH □PTY □SCC	Petred	300,00		
7-9-11	Carlere SCO4 462 ESI. (hula VISHA, LA 91910	□ TND □ COM □ OTH □ PTY □ SCC	Retired	350,00	,	
7-10-11	WILLIAM WINTERS 1945 Dumst Chula VISTA, CA 91913	☐ COM ☐ COH ☐ OTH ☐ PTY ☐ SCC	Retwed	100.00		
7-6-11	Barbara Althaum 4005 The Hill Kd. Bonita, CA 91902	□IND □COM □OTH □PTY □SCC	OWNER GIA MENT Jewelet	300,00		
			SUBTOTAL \$	1,300		

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

SCHEDULE A

from 7-1-11	CALIFORNIA 460
through 12-31-11	Page 8 of 12
	ID MUMPED

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Britcelow for City 340550 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER DATE AMOUNT CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CALENDAR YEAR TO DATE CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) HND Bon Manga COM 10-21-11 100.00 67 High St. ПОТН □ PTY Bozeat, Northamptshire NN29 TWF □ SCC Gladys Maxwell
6776 Agra War Ct
Spring Valley C4 91977
Larry Brevtlew
1595-57 Medocro Dr. □ MAD 10-15-11 СОМ Restrail 200.00 ПОТН **□** PTY SCC TIND Busness Nevelopment 114.55 ПСОМ 12-21-11 **□OTH □PTY** (lula Vissa, LA 91911 SCC □IND ПСОМ □ OTH ☐ PTY □scc **□IND** ПСОМ □ OTH **□** PTY SCC

SUBTOTAL \$

#### Schedule A Summary

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

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

3. Total monetary contributions received this period.

414.55

1642.00

6456.55

4814.55

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

\*Contributor Codes

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

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

Sched	ule l	3 –	Part	1
Loans	Rec	eive	d	

\*\* If required.

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

SCHEDULE B - P.	ART	1

CALIFORNIA

Statement covers period

Loans Received to whole dollars.			from 7-1-11 CALIFORN			<b>460</b>		
SEE INSTRUCTIONS ON REVERSE					through 12-	31-11	Page 9	of 12
Breit felder f	So Coty Can	(a) 20	7/2				I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIOUAL, 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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Larry Breitlelder 1595-57 Mendono VIC Chula Vissa (49191)	Business Development for Property Monagement Tall, Contractor for I'm Novey Property Maragem		5,000.00	PAID  \$ FORGIVEN	s 5,000. 37	P %	\$ 5,000,9	CALENDAR YEAR
TIND COM OTH PTY SCC	Mary Property Marrison	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC	•	s	\$	PAID  \$ FORGIVEN  \$	S	% %	\$	CALENDAR YEAR  \$ PER ELECTION **  \$
		e		PAID  S  FORGIVEN	s		\$	CALENDAR YEAR  \$ PER ELECTION **
TO IND COM OTH PTY SCC		3	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	5	SUBTOTALS \$	\$		\$ \$			
Schedule B Summary  1. Loans received this period				\$_5	,000.00	(Enter (e) on Schedule E. Line 3)		
(Total Column (b) plus unitemized loans  2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that a	paid or forgiven.)			•		INI CC	Contributor Codes D – Individual DM – Recipient Cor (other than P TH – Other (e.g., b	TY or SCC) ousiness entity)
<ol> <li>Net change this period. (Subtract Line 2 Enter the net here and on the Summary</li> </ol>	2 from Line 1.) Page, Column A, Line 2.			NET \$	y be a negative number)	PT	Y – Political Party CC – Small Contribu	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.							

## Schedule C

2.

Nonmor	netary Contributions Received		Amounts may be rounded to whole dollars.		from	Statement covers	period	CALIF	SCHEDULE ORNIA 460 RM
SEE INSTRUCT	TIONS ON REVERSE				thro	17-71	1/		0 of 12
NAME OF FILER	0 (	Cuby (	ansi) 2017	2_				1.D. NUMI	9ER 4 0 550
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF ANDRONADUAL ENTED	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				·			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach addi	itional information on appropriately label	ed continuation	on sheets.	SUBTO	TAL \$				
1. Amount re	C Summary eceived this period – itemized nonmonetary Il Schedule C subtotals.)	contributions.			. \$		IND-	ibutor Cod Individual - Recipient	es Committee
<ol> <li>Amount re</li> <li>Total nonn</li> </ol>	eceived this period – unitemized nonmoneta monetary contributions received this period s 1 and 2. Enter here and on the Summary I	ry contributior	ns of less than \$100		\$	95.00	OTH -	other that Other (e.e Political Pa	in PTY or SCC)

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

Schedule E
<b>Payments Made</b>

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

Statement covers period	CALIFORNIA 460
through 12-31-11	Page 11 of 12
	1340550

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Breitfelder for City Council

COD	ES:	If one of the following	codes accurately	describes the pa	ayment, you may e	nter the code.	Otherwise	describe the navmen	ŧ
N/ID	cama	oian naranharmalia/i		<b>'</b>	, ,		·,	account the paymen	٠.

campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense LIT campaign literature and mailings

MBR member communications MTG meetings and appearances OFC office expenses

petition circulating PHO phone banks

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

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

		vveb information technology cost	s (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID :
Union Tribune 1688 Man 32 Chula Visia 91911	Li+		4.97,00
Staples 1850 Marn Ct Chula Vista CASISII	OFL		19.27
Gravis Markette 910 Belle Ave #12 42 Winser Springs FL 32708	POL		435,83
* Payments that are contributions or independent expenditures must	t also be summarized on Schedule D.	SU	BTOTAL\$ 4, 634,10

,	acpendent expenditules mu	ist also be summarized	on Scheaule D.

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	D	180,98	5
2. Unitemized payments made this period of under \$100		יט, צון	O

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ \_

Schedule E	
(Continuation St	neet)
<b>Payments Made</b>	,

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

SCHEDULE E (CONT Statement covers period **CALIFORNIA** 7-1- 11 **FORM** 

12-31-11 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Breit leder for City 2012 1340550 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 radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND 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 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 45 F Purchase from Brestelder for city bunch 2010 Signs and Lit 1595-57 Merdours Dr. Litionf 1175,00 Chula Vista 91911 Facebook 156 University Ame. WEB 612,33 Palo Alto CA 94301 Google 759th Are. Zwayth Pl web 25.76 New York, NY 10011 U.S mailing House U133 Avenida de la Play 1597.29  $\sim$ 1 $\leftarrow$ Oceanide, CA 92056 All Delivered Liz 4747 Oceanside Blud. \*D 736,00 Olienside, A 92056 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.