

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED
SANTA CRUZ CO ELECTION

CALIFORNIA FORM 460

2013 APR 25 PM 12:10

Page _____ of _____
For Official Use Only

Statement covers period
from 3/24/2013
through 4/20/2013

Date of election if applicable
(Month, Day, Year)
05/07/2013

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
(Also Complete Part 6)
 - 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
1355776

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

Community for Quality Schools

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Soquel</u>	<u>CA</u>	<u>95073</u>	<u>831-462-5030</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Soquel</u>	<u>CA</u>	<u>95073</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Melanie Schumacher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Soquel</u>	<u>CA</u>	<u>95073</u>	<u>831-239-7960</u>

NAME OF ASSISTANT TREASURER, IF ANY

Maria C Parrish

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Soquel</u>	<u>CA</u>	<u>95073</u>	<u>831-475-6348</u>

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 4/24/2013
Date

By Melanie Schumacher
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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 _____ of _____

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? <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

Community for Quality Schools

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>3/24/2013</u>	CALIFORNIA FORM 460
through <u>4/20/2013</u>	
Page _____ of _____	I.D. NUMBER 1355776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Community for Quality Schools

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>10,937.00</u>	\$ <u>35,567.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>10,937.00</u>	\$ <u>35,567.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>10,937.00</u>	\$ <u>35,567.00</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
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>9,020.58</u>	\$ <u>9,665.74</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>9,020.58</u>	\$ <u>9,665.74</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>9,020.58</u>	\$ <u>9,665.74</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>23,984.84</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>10,937.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>9020.58</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>25,901.26</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts	<u>0.00</u>

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 3/24/2013
through 4/20/2013

CALIFORNIA **460**
FORM

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Community for Quality Schools

I.D. NUMBER
1355776

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 NEXT PAGE	<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				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,350.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,587.00

3. Total monetary contributions received this period.
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 10,937.00**

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

Schedule A
 Monetary Contributions Received
 Community for Quality Schools

Statement covers period
 From 3/24/13 through 4/20/13
 I.D. 1355776

Date Received	Company	Last Name	First Name	Street	City	State	Zip	Contributor Code	Employer	Occupation	Amf Rec'd This Period	Cumulative to Date
03/24/13	PENCON				Livermore	CA	94551	OTH			\$2,500.00	\$2,500.00
03/29/13		Robertson	Harley		Aptos	CA	95003	IND	Soquel Union Elem School Dist.	Asst. Superintendent	\$140.00	\$340.00
03/30/13		Williams	Doug		Capitola	CA	95010	IND	MetSuite Inc	Computer Engineer	\$200.00	\$200.00
04/02/13		Holden	Kristen		Aptos	CA	95003	IND	Homemaker		\$100.00	\$100.00
04/03/13	Matt Juhl-Darlington & Assoc	Johnson	Merideth		Los Angeles	CA	90025	OTH			\$2,500.00	\$2,500.00
04/03/13		Pearson	Linda		Soquel	CA	95073	IND	Retired	Teacher	\$100.00	\$100.00
04/03/13	Medical Billing Technologies, Inc.				Visalia	CA	93277	OTH			\$300.00	\$300.00
04/12/13		Bazan	Christina		Scotts Valley	CA	95066	IND	SUESD	Personnell Dept. Secretary	\$200.00	\$200.00
04/12/13		Bellito	Cecile		Santa Cruz	CA	95065	IND	Toadal Fitness	Owner	\$200.00	\$200.00
04/12/13		Bitter	Annette		Aptos	CA	95003	IND	Soquel Union Elem School Distr	School Principal	\$40.00	\$140.00
04/12/13		Blaesser	Janine		Santa Cruz	CA	95065	IND	Soquel Union Elem School Dist.	Personnel Assistant	\$125.00	\$125.00
04/12/13		Cannon	Kathy		Soquel	CA	95073	IND	Hicks Pension Services	President	\$500.00	\$500.00
04/12/13		Carter	Desiree		Soquel	CA	95073	IND	Homemaker		\$130.00	\$130.00
04/12/13		Ebert	Julie		Santa Cruz	CA	95065	IND	SUESD	Vice Prinicipal	\$200.00	\$250.00
04/12/13		Gomez	Joel/Nancy		Scotts Valley	CA	95067	IND	Sessions	Executive	\$290.00	\$290.00
04/12/13		Huntley	David/Teresa		Santa Cruz	CA	95065	IND	Homemaker		\$130.00	\$130.00
04/12/13		Irving	Carmen		Santa Cruz	CA	95062	IND	SJ Kelleman & Assoc	Staff Accountant	\$100.00	\$100.00
04/12/13	Current Electric	Lindenbaum	Janet		Santa Cruz	CA	95062	OTH			\$150.00	\$150.00
04/12/13		Marcus	Daniel		Santa Cruz	CA	95065	IND	Palo Alto Medical Foundation	Physician	\$660.00	\$660.00
04/12/13		Miller	Amanda/Kenneth		Santa Cruz	CA	95065	IND	Homemaker		\$110.00	\$110.00
04/12/13		Philips	Whitney		Santa Cruz	CA	95065	IND	Homemaker		\$150.00	\$150.00
04/12/13		Pitino	Jennifer		Capitola	CA	95010	IND	Homemaker		\$100.00	\$100.00
04/12/13		Rodriguez	Philip		Capitola	CA	95010		Soquel Union Elem School Distr	Board Trustee	\$50.00	\$150.00
04/12/13		Threet	Patricia		Capitola	CA	95010	IND	Santa Cruz City Schools	School Board Member	\$100.00	\$100.00
04/12/13		Young	Jacob		Watsonville	CA	95076	IND	Jacob Young Financiaal	Financial Planner	\$50.00	\$250.00
04/15/13		Parsons	Paul		Soquel	CA	95073	IND	Retired		\$100.00	\$100.00
04/18/13		Kisling	Niels		Capitola	CA	95010	IND	Davis Instruments	Director of Sales and Marketing	\$100.00	\$100.00
04/18/13		McGooden	Judith		Aptos	CA	95003	IND	Eye Shapes	Owner	\$25.00	\$125.00

Total \$9,350.00

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>3/24/2013</u>	CALIFORNIA FORM 460
through <u>4/20/2013</u>	
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Community for Quality Schools

I.D. NUMBER
1355776

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)
	SEE NEXT PAGE	<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	3,052.50
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	810.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	3,862.50

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

Schedule C
 Nonmonetary Contributions Received
 Community for Quality Schools

Statement covers period
 From 3/24/13 through 4/20/13
 I.D. 1355776

Date Received	Company / Donor Name	Address	Contributor Code	Employer	Occupation	Item Description	Fair Market Value	Cumulative Amount
4/12/2013	Palace Arts		OTH			Five (5) Gift Certificates of \$20 each	100.00	100.00
4/12/2013	Janine Blaesser		IND	Soquel Union Elem School Dist.	Personnel Assistant	One Pound Gift Certificate See's Candies \$17.50 / Cash donation \$125	142.50	\$142.50
4/12/2013	Bargetto		OTH			La Vita Wine / Private Tour/tasting for 12	180.00	180.00
4/12/2013	Jim Dupre		IND	Soquel Union Elem School Dist.	Supervisor of Maintenance	Two Cases of Wine	200.00	200.00
4/12/2013	Cristina Bazan		IND	Soquel Union Elem School Dist.	Personnell Dept. Secretary	Children's Discovery Museum Family Four Pack \$40/ Cash donation \$200	240.00	\$240.00
4/12/2013	Pam Crum		IND	Soquel Union Elem School Dist.	Asst to the Asst Superintendent	2005 Robert Mondavi 1.5 Liter \$175/FreshPrep \$100 Gift Cert	275.00	275.00
4/12/2013	Susi's Flowers		OTH			Flowers	300.00	300.00
4/12/2013	Harley Robertson		IND	Soquel Union Elem School Dist.	Asst. Superintendent	patio propane heater \$230/Food \$25/ Cash donation \$140	395.00	\$595.00
4/12/2013	Thomas Kindade Gallery		OTH			Thomas Kinkade Limited Edition Print	1220.00	1220.00

\$3,052.50

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	3/24/2013	
through	4/20/2013	Page _____ of _____
NAME OF FILER		I.D. NUMBER
Community for Quality Schools		1355776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Community for Quality Schools

I.D. NUMBER

1355776

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
Pam Crum Capitola, CA. 95010	FND	Reimburse for RV Nuccio & Assoc Inc Insurance for fundraising event on 4/12/13	250.00
Pam Crum Capitola, CA. 95010	CMP	Reimburse for "Measure S" banner	245.00
Maverick Mailing, LLC Santa Cruz, CA 95060	LIT	2,000 Print Color "Yes on Measure S" Flyers	543.75

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

SUBTOTAL \$ 1038.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	8,892.75
2. Unitemized payments made this period of under \$100	\$	127.83
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 \$	9020.58

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

SCHEDULE E (CONT.)

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

Statement covers period from <u>3/24/2013</u>	CALIFORNIA FORM 460
through <u>4/20/2013</u>	
Page _____ of _____	I.D. NUMBER 1355776

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Community for Quality Schools

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
TBWB Strategies San Francisco, CA 94104	PRO	Consulting Fee	7,854.00

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

SUBTOTAL \$ 7,854.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 3/24/2013
 through 4/20/2013

SCHEDULE G

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Community for Quality Schools

I.D. NUMBER

1355776

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TBWB Strategies

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bel-Aire Displays Richmond, CA 94804	CMP	Printing and Shipping of Lawn Signs	1253.00
Sabrina Kocprapha San Francisco, CA 94104	MTG	Mileage to drive down to Capitola for meetings	705.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1958.00

* Do not transfer to any other column. Enter in the Summary Page. This total may not equal the amount paid to the agent or contractor.