

**Recipient Committee
Campaign Statement
Cover Page**

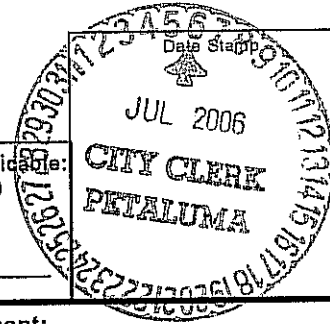
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 9
For Official Use Only



Statement covers period
from 1-1-06
through 6-30-06

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

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
- 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

I.D. NUMBER
1219624

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

COMMITTEE TO ELECT MIKE O'BRIEN

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY PETALUMA STATE CA ZIP CODE 94954 AREA CODE/PHONE [REDACTED]

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

[REDACTED]

CITY PETALUMA STATE CA ZIP CODE 94955-5201 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

RICHARD E. SIMMONS

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

PETALUMA, CA 94954 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

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 7-5-06
Date

Executed on 7/5/06
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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

By _____
Signature of Controlling Officerholder, 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	<u>2</u>	of <u>9</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MICHAEL D. O'BRIEN

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

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

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 <u>N/A</u>	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 <u>N/A</u>	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. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

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 Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1219624</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MICHAEL D. O'BRIEN

Contributions Received

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

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

N/A

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>1,124.49</u>	\$ <u>1,124.49</u>
7. Loans Made Schedule H, Line 7	\$ <u>2,700.00</u>	\$ <u>2,700.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3,824.49</u>	\$ <u>3,824.49</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>3,824.49</u>	\$ <u>3,824.49</u>

Expenditure Limit Summary for State Candidates

N/A

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	\$ <u>20,924.13</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>646.14</u>
15. Cash Payments Column A, Line 8 above	\$ <u>3,824.49</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>17,745.78</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).

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

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

Cash Equivalents and Outstanding Debts

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

*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.

SCHEDULE D

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1219624</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MICHAEL D. O'BRIEN

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)
3-30-06	PAUL L. KELLEY, FRIENDS OF SONOMA COUNTY SUPERVISOR FOURTH SUPERVISORIAL DISTRICT	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$200.00	\$200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4-10-06	CYNTHIA MURRAY FOR ASSEMBLY CALIFORNIA SIXTH ASSEMBLY DISTRICT	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TOTAL AMOUNT PAID TO VENDORS FOR MURRAY EVENT IN OCTOBER 2005 AFTER REIMBURSEMENT BY OTHERS SHARING EXPENSES. SEE FPPC 460, 74-12/31/05	\$197.37	0	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5-6-06	PROGRESSIVE ACTIVIST CITIZENS OF SONOMA CO. FAC # 1299238 P.O. BOX 335 PENNINGROVE, CA 94951	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DEMOCRATIC PARTY SLATE MAILERS	\$100.00	\$100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>497.37</u>		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 3,544.49
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 3,544.49

**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.)

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
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NAME OF FILER: MICHAEL D. O'BRIEN I.D. NUMBER: 1219624

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)
5-14-06	CYNTHIA MURRAY FOR ASSEMBLY CALIFORNIA SIXTH ASSEMBLY DISTRICT	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	SUPPLIES AND REFRESHMENTS FOR MURRAY FUNDRAISING EVENT/RECEPTIONS.	\$147.12	\$147.12	
5-28-06	CYNTHIA MURRAY FOR ASSEMBLY CALIFORNIA SIXTH ASSEMBLY DISTRICT	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	LOAN TO MURRAY COMMITTEE.	\$2,900.00	\$3,047.12	P 06
		<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 <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

SUBTOTAL \$ 3,047.12

**Schedule E
Payments Made**

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

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MICHAEL D. O'BRIEN

I.D. NUMBER

1219624

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
<u>Petaluma EKS Lodge (ADU ENFORCEMENT APPRECIATION DINNER) 2145 So. McDowell Blvd. PETALUMA, CA 94954</u>	<u>CVC</u>		<u>200.⁰⁰</u>
<u>Petaluma Boys & Girls Club 203 MARIA DR. PETALUMA, CA 94954</u>	<u>CVC</u>		<u>240.⁰⁰</u>
<u>USPS PETALUMA 94955</u>		<u>P.O. BOX CHARGE</u>	<u>40.⁰⁰</u>

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

SUBTOTAL \$ 480.⁰⁰

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>1,124.⁴⁹</u>
2. Unitemized payments made this period of under \$100	\$ <u>INC. ABOVE</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1,124.⁴⁹</u>

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

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

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1219624</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MICHAEL D. O'BRIEN

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
<u>FRIENDS OF PAUL L. KELLEY C/O SONOMA COUNTY BOARD OF SUPERVISORS SANTA ROSA, CA</u>	<u>CTB</u>		<u>\$200.00</u>
<u>CYNTHIA MURRAY FOR ASSEMBLY, FPPC 1272913 [REDACTED]</u>	<u>CTB</u>	<u>NON-MONETARY FUNDS PAID TO VENDORS FOR MURRAY FUNDRAISING EVENT IN OCTOBER 2005.</u>	<u>\$197.37</u>
<u>PROGRESSIVE ACTIVIST CITIZENS OF SONOMA Co. P.O. # 1279238 P.O. Box 335 PENNSGROVE, CA 94951</u>	<u>CTB</u>		<u>\$100.00</u>
<u>CYNTHIA MURRAY FOR ASSEMBLY, FPPC 1272913 [REDACTED]</u>	<u>CTB</u>	<u>NON-MONETARY FOR FUNDRAISING RECEPTION IN MAR 2005.</u>	<u>\$147.12</u>

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

SUBTOTAL \$ 644.49

**Schedule H
Loans Made to Others***

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

Statement covers period from <u>1-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MICHAEL D. O'BRIEN

I.D. NUMBER
1219624

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
<u>CYNTHIA MURRAY FOR ASSEMBLY</u> <u>FPPC # 1292913</u> <u>[REDACTED]</u>		\$ <u>0</u>	\$ <u>2,900.⁰⁰</u>	<input checked="" type="checkbox"/> PAID \$ <u>200.⁰⁰</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>2,700.⁰⁰</u> <u>12-31-06</u> DATE DUE	<u>0</u> % RATE	\$ <u>2,900.⁰⁰</u> <u>5-28-06</u> DATE INCURRED	CALENDAR YEAR \$ <u>2,900.⁰⁰</u> PER ELECTION** \$ <u>2,900.⁰⁰</u>
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS		\$ <u>2,900.⁰⁰</u>	\$ <u>200</u>	\$ <u>2,700.⁰⁰</u>	\$ <u>0</u>	

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

Schedule H Summary

- Loans made this period \$ 2,900.⁰⁰
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans \$ 200.⁰⁰
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET \$** 2,700.⁰⁰
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>6-1-06</u> through <u>6-30-06</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>MICHAEL D. O'BRIEN</u>	I.D. NUMBER <u>1219624</u>
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1-20-06	FRIENDS OF KAREN NAU PETALUMA CITY COUNCIL CAMPAIGN [REDACTED]	REIMBURSEMENT AS PER AGREEMENT TO SHARE EXPENSES FOR MURRAY FOR STATE ASSEMBLY FUNDRAISER OCTOBER 2005, ADVANCED BY O'BRIEN COMMITTEE	215. <u>38</u>
6-23-06	G. MICHAEL HARRIS [REDACTED]	REIMBURSEMENT AS PER AGREEMENT TO SHARE EXPENSES FOR MURRAY FOR STATE ASSEMBLY FUNDRAISER OCTOBER 2005, ADVANCED BY O'BRIEN COMMITTEE	215. <u>38</u>
2-27-06	FRIENDS OF KETH CAENEVARO [REDACTED]	REIMBURSEMENT AS PER AGREEMENT TO SHARE EXPENSES FOR MURRAY FOR STATE ASSEMBLY FUNDRAISER OCTOBER 2005, ADVANCED BY O'BRIEN COMMITTEE	215. <u>38</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 646.14

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$ <u>646.14</u>
2. Unitemized increases to cash under \$100 this period.	\$ <u>0</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)).	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>646.14</u>