

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

Date Stamp

**CALIFORNIA
2001/02
FORM** **460**

Page 1 of 34

For Official Use Only

Statement covers period

from 07/01/2005
through 09/24/2005

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

11/08/2005

1. Type of Recipient Committee:

- 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:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain Below)
- Quarterly Statement
- Special Odd-Year Campaign Report
- Supplemental Preelection Statement (Attach Form 495)

3. Committee Information

I.D. NUMBER: 1276564

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

COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A

STREET ADDRESS (NO P.O. BOX)

150 POST STREET, SUITE 405

CITY STATE ZIP CODE AREA CODE/PHONE
SAN FRANCISCO CA 94108 (415) 732-7700

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MR. TIM WOLFRED

MAILING ADDRESS

975 DUNCAN STREET

CITY STATE ZIP CODE AREA CODE/PHONE
SAN FRANCISCO CA 94131 (415) 541-9000

NAME OF ASSISTANT TREASURER, IF ANY

MR. KEVIN HENEGHAN ESQ.

MAILING ADDRESS

150 POST STREET, SUITE 405

CITY STATE ZIP CODE AREA CODE/PHONE
SAN FRANCISCO CA 94108- (415) 732-7700

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 _____
Date

By _____
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

Executed on _____
Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <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 COLLEGE DISTRICT GENERAL OBLIGAT

| | | |
|-----------------------------|-------------------------------|--|
| BALLOT NO. OR LETTER PRO | JURISDICTION SAN FRANCISCO | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------|-------------------------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

7. Primarily Formed 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 |
|-----------------------------------|-----------------------|---|

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 3 of 34 | |

| | |
|--|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| 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> | \$66,628.88 | \$86,728.88 |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$66,628.88 | \$86,728.88 |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$66,628.88 | \$86,728.88 |

| Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | | |
|--|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received..... | \$0.00 | \$0.00 |
| 21. Expenditures Made..... | \$0.00 | \$0.00 |

| Expenditures Made | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Cash Payments..... <i>Schedule E, Line 4</i> | \$81,370.18 | \$81,620.18 |
| 7. Loans Made <i>Schedule H, Line 3</i> | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$81,370.18 | \$81,620.18 |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | \$36,936.50 | \$37,249.50 |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$118,306.68 | \$118,869.68 |

| 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 | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) |
|---|--|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$19,850.00 |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | \$66,628.88 |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | \$0.00 |
| 15. Cash Payments <i>Column A, Line 8 above</i> | \$81,370.18 |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 +14, then subtract Line 15</i> | \$5,108.70 |

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 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).

| | |
|--|--------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$0.00 |
|--|--------|

| Cash Equivalents and Outstanding Debt | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) |
|--|--|
| 18. Cash Equivalents | \$0.00 |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$37,249.50 |

*Amounts in this section may be different from amount reported in column B.

**Schedule A
Monetary Contributions Received**

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 4 of 34 |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/02/2005 | UNDERWOOD AND ROSENBLUM, INC. ***** SAN JOSE, CA 95131 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/02/2005 | KAPLAN, MCLAUGHLIN, DIAZ ***** SAN FRANCISCO, CA 94111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | \$0.00 |
| 09/02/2005 | MAY FONG ***** REDWOOD CITY, CA 94065 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPARTMENT CHAIR CITY COLLEGE OF SAN FRANCISCO | \$200.00 | \$200.00 | \$0.00 |
| 09/02/2005 | STUBBS AND LEONE ***** WALNUT CREEK, CA 94596 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/02/2005 | JANE SNEED ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPARTMENT CHAIR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |

SUBTOTAL \$ 2,850.00

Schedule A Summary

| | |
|---|---------------------------|
| 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)..... | \$ 66,063.88 |
| 2. Amount received this period - unitemized monetary contributions of less than \$100..... | \$ 565.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 66,628.88 |

*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

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 5 of 34 |

| | |
|--|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/07/2005 | DONALD LIND ***** SAN FRANCISCO, CA 94103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DIRECTOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/07/2005 | STEVEN HALE ***** SAN FRANCISCO, CA 94108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANAGER CLASSFIELD CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 09/07/2005 | NATALIE BERG ***** SAN FRANCISCO, CA 94117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BOARD MEMBER CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/07/2005 | CHI WING TSAO ***** OAKLAND, CA 94611 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$388.88 | \$388.88 | \$0.00 |
| 09/07/2005 | DR. PHILIP DAY JR. ***** SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHANCELLOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$1,000.00 | \$0.00 |

SUBTOTAL \$ 1,538.88

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 6 of 34 |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/07/2005 | RODEL RODIS ***** SAN FRANCISCO, CA 94127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BOARD MEMBER CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/08/2005 | CARL JEW ***** SAN RAFAEL, CA 94903 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUSELOR/DEPARTME NT CHAIR CITY COLLEGE OF SAN FRANCISCO | \$100.00 | \$100.00 | \$0.00 |
| 09/08/2005 | STEVEN SPURLING ***** PETALUMA, CA 94952 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RESEARCHER CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 09/08/2005 | WILLIAM GOODYEAR ***** OAKLAND, CA 94611 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUNSELOR CITY COLLEGE OF SAN FRANCISCO | \$200.00 | \$200.00 | \$0.00 |
| 09/08/2005 | PAUL JOHNSON ***** SAN FRANCISCO, CA 94117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPARTMENT CHAIR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |

SUBTOTAL \$ 1,200.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 7 of 34 |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/08/2005 | LAWRENCE KLEIN ***** SAN FRANCISCO, CA 94103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/08/2005 | KATHLEEN SULLIVAN ALIOTO ***** SAN FRANCISCO, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/08/2005 | ANN CLARK ***** SAN FRANCISCO, CA 94127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FACULTY CITY COLLEGE OF SAN FRANCISCO | \$200.00 | \$200.00 | \$0.00 |
| 09/08/2005 | MCCARTHY BUILDING COMPANIES, INC. ***** SAN FRANCISCO, CA 94104 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | \$0.00 |
| 09/08/2005 | SOHA ENGINEERS ***** SAN FRANCISCO, CA 94107 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |

SUBTOTAL \$ 7,700.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 8 of 34 |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/08/2005 | A & B CONSTRUCTION, INC. ***** SAN FRANCISCO, CA 94111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |
| 09/08/2005 | PROVEN MANAGEMENT, INC. ***** SAN FRANCISCO, CA 94111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |
| 09/13/2005 | ARCHITECTURAL LIGHTING DESIGN ***** SAN FRANCISCO, CA 94107 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$200.00 | \$200.00 | \$0.00 |
| 09/13/2005 | BOB DAVIS ***** OAKLAND, CA 94619 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FACULTY CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 09/13/2005 | HOLMES CULLEY STRUCTURAL ENGINEERS ***** SAN FRANCISCO, CA 94104 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$100.00 | \$0.00 |

SUBTOTAL \$ 15,450.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | | |
|-------------------------|------------|----------------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 9 of 34 | |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/13/2005 | THE SHALLECK COLLABORATIVE, INC. ***** SAN FRANCISCO, CA 94131 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | \$0.00 |
| 09/13/2005 | FORELL/ELSESSER ENGINEERS, INC. ***** SAN FRANCISCO, CA 94111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/13/2005 | TIMMONS DESIGN ENGINEERS, INC. ***** SAN FRANCISCO, CA 94103 Memo Reference ID Number: INC154 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/13/2005 | SHERWOOD DESIGN ENGINEERS ***** SAN FRANCISCO, CA 94111 Memo Reference ID Number: INC155 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150.00 | \$150.00 | \$0.00 |
| 09/13/2005 | TOM ELIOT FISCH ARCHITECTURE AND INTERIORS ***** SAN FRANCISCO, CA 94108 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | \$0.00 |

SUBTOTAL \$ 4,000.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 10 of 34 |

| | |
|--|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/13/2005 | PAUL ROBERTS AND PARTNERS ***** VALLEJO, CA 94590 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |
| 09/13/2005 | UMERANI ASSOCIATES, INC. STRUCTURAL ENGINEERS ***** PALO ALTO, CA 94303 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$100.00 | \$0.00 |
| 09/02/2005 | STANLEY ZAKS ***** SAN FRANCISCO, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ATTORNEY SELF/SAME | \$300.00 | \$300.00 | \$0.00 |
| 09/01/2005 | MAMIE HOW ***** SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$500.00 | \$0.00 |
| 09/19/2005 | JOHN BILMONT ***** MILL VALLEY, CA 94941 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ADMINISTRATOR SAN FRANCISCO COMMUNITY COLLEGE DISTRICT | \$500.00 | \$500.00 | \$0.00 |

SUBTOTAL \$ 8,650.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 11 of 34 |

| | |
|--|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/19/2005 | BRENDA BROWN ***** SAN FRANCISCO, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$100.00 | \$100.00 | \$0.00 |
| 09/19/2005 | ESHERICK HOMSEY DODGE AND DAVIS ***** SAN FRANCISCO, CA 94110 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | \$0.00 |
| 09/19/2005 | LMN ARCHITECTS ***** SEATTLE, WA 98104 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | \$0.00 |
| 09/13/2005 | THEATRE PROJECTS CONSULTANTS, INC. ***** SOUTH NORWALK, CT 06854 Memo Reference ID Number: INC211 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | \$0.00 |
| 09/23/2005 | PRIORITY PARKING - CA, LLC ***** SAN FRANCISCO, CA 94107 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |

SUBTOTAL \$ 6,350.00

Schedule A
Monetary Contributions Received

SCHEDULE A

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|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 12 of 34 |

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|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 08/06/2005 | DON GRIFFIN ***** OAKLAND, CA 94610 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$750.00 | \$0.00 |
| 08/22/2005 | GUTTMANN & BLAEVOET CONSULTING ENGINEERS ***** SAN FRANCISCO, CA 94133 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 08/22/2005 | LESLIE SIMON ***** SAN FRANCISCO, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 08/22/2005 | BRIAN ELLISON ***** SAN FRANCISCO, CA 94107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 08/22/2005 | ALABAMA STREET PARTNERS, LP ***** SAN FRANCISCO, CA 94110 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |

SUBTOTAL \$ 6,800.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 13 of 34 |

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| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 08/22/2005 | KRISTIN CHARLES ***** SAN FRANCISCO, CA 94117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ASSOCIATE DEAN CITY COLLEGE OF SAN FRANCISCO | \$125.00 | \$125.00 | \$0.00 |
| 08/22/2005 | CHARLTON FOTCH ***** GREENBRAE, CA 94904 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATION ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 08/22/2005 | ANNA NELSON ***** SAN FRANCISCO, CA 94134 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DIRECTOR OF DENTAL ASSISTING CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 08/22/2005 | DR. THOMAS BLAIR ***** SAN FRANCISCO, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FACULTY CITY COLLEGE OF SAN FRANCISCO | \$100.00 | \$100.00 | \$0.00 |
| 08/22/2005 | STEVEN GLICK ***** BURLINGAME, CA 94010 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |

SUBTOTAL \$ 6,025.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 08/22/2005 | NADINE ROSENTHAL ***** OAKLAND, CA 94609 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 08/29/2005 | NBH SOLUTIONS, LLC ***** ORMOND BEACH, FL 32174 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$600.00 | \$600.00 | \$0.00 |
| 08/29/2005 | DR. HENRY AUGUSTINE JR. ***** MILLBRAE, CA 94030 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 08/29/2005 | ELIZABETH BRENT ***** SAN FRANCISCO, CA 94124 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | LINDA MCKNIGHT ***** SAN FRANCISCO, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN OF FACULTY CITY COLLEGE OF SAN FRANCISCO | \$300.00 | \$300.00 | \$0.00 |

SUBTOTAL \$ 2,150.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 15 of 34 |

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| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
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| DATE RECEIVED | FULL NAME, MAILING 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) |
|--------------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | HOA MINH TA ***** ALBANY, CA 94706 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DIRECTOR CITY COLLEGE OF SAN FRANCISCO | \$100.00 | \$100.00 | \$0.00 |
| 09/01/2005 | CHRISTOPHER HANZO ***** OAKLAND, CA 94601 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EXECUTIVE DIRECTOR AMERICAN FEDERATION OF TEACHERS | \$150.00 | \$150.00 | \$0.00 |
| 09/01/2005 | EDWARD MURRAY ***** SAN FRANCISCO, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PRESIDENT AMERICAN FEDERATION OF TEACHERS | \$150.00 | \$150.00 | \$0.00 |
| 09/01/2005 | MARK KITCHEL ***** OAKLAND, CA 94619 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BUDGET ANALYST AMERICAN FEDERATION OF TEACHERS | \$200.00 | \$200.00 | \$0.00 |
| 09/01/2005 | BRUCE SMITH ***** SAN FRANCISCO, CA 94116 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN OF LIBERAL ARTS CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| SUBTOTAL \$ | | | | 1,150.00 | | |

Schedule A
Monetary Contributions Received

SCHEDULE A

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|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 16 of 34 |

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| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
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| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | DON GRIFFIN ***** OAKLAND, CA 94610 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$750.00 | \$0.00 |
| 09/01/2005 | DAVID DORE ***** SAN FRANCISCO, CA 94117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INSTRUCTOR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 09/01/2005 | MARYLOU LEYBA FRANK ***** SAN LEANDRO, CA 94577 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | FREDERICK TETI ***** OAKLAND, CA 94609 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INSTRUCTOR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |
| 08/12/2005 | MR. PETER GOLDSTEIN ***** SAN FRANCISCO, CA 94132 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VICE CHANCELLOR CITY COLLEGE OF SAN FRANCISCO | \$400.00 | \$500.00 | \$0.00 |

SUBTOTAL \$ 1,450.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 17 of 34 |

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| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | DIANE NAGURA ***** SAN FRANCISCO, CA 94118 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PHYSICAL EDUCATION INSTRUCTOR CITY COLLEGE OF SAN FRANCISCO | \$100.00 | \$100.00 | \$0.00 |
| 09/01/2005 | GARY TOM ***** SAN FRANCISCO, CA 94121 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | LESLIE SMITH ***** OAKLAND, CA 94610 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN OF GOVERNMENT RELATIONS CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | J. BRADLEY DUGGAN ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FACULTY CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | MYRNA VIRAY LIM ***** SAN FRANCISCO, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | REAL ESTATE MANAGER THE REALTY GROUP | \$250.00 | \$250.00 | \$0.00 |

SUBTOTAL \$ 2,000.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | ROBERT GABRINER ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$350.00 | \$350.00 | \$0.00 |
| 09/01/2005 | NICHOLAR CHANG ***** SAN FRANCISCO, CA 94118 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR CITY COLLEGE OF SAN FRANCISCO | \$200.00 | \$200.00 | \$0.00 |
| 09/01/2005 | PHYLLIS MCGUIRE ***** SAN RAFAEL, CA 94903 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | TIMOTHY WOLFRED ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EXECUTIVE SEARCH CONSULTANT COMPASS POINT | \$100.00 | \$100.00 | \$0.00 |
| 09/01/2005 | SUZANNE KOREY ***** SAN FRANCISCO, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |

SUBTOTAL \$ 1,400.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 19 of 34 |

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|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | DEVELOPMENT INSTITUTE, INC. ***** BOSTON, MA 02114 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | ALYSSON SATTERLUND ***** SAN FRANCISCO, CA 94122 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | DR. MARK ROBINSON ***** SAN FRANCISCO, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN OF STUDENT AFFAIRS CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | TED ALFARO ***** CASTRO VALLEY, CA 94552 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | LINDA SQUIRES GROHE ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |

SUBTOTAL \$ 2,150.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
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|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | R. DEL PORTILLO ED.D. ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED NONE | \$500.00 | \$500.00 | \$0.00 |
| 08/06/2005 | DR. PHILIP DAY JR. ***** SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHANCELLOR CITY COLLEGE OF SAN FRANCISCO | \$750.00 | \$1,000.00 | \$0.00 |
| 09/01/2005 | CARLOTA DEL PORTILLO ***** SAN FRANCISCO, CA 94131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | MARTHA LUCEY OLCHOWY ***** DALY CITY, CA 94104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$350.00 | \$350.00 | \$0.00 |
| 09/01/2005 | GAIL BARTON ***** REDWOOD CITY, CA 94062 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DANCE INSTRUCTOR CITY COLLEGE OF SAN FRANCISCO | \$150.00 | \$150.00 | \$0.00 |

SUBTOTAL \$ 2,400.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
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|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | SUNNY CLARK ***** SAN FRANCISCO, CA 94114 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FACULTY CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | DOUGLAS RE ***** SAN FRANCISCO, CA 94112 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$400.00 | \$400.00 | \$0.00 |
| 09/01/2005 | JOANNE LOW ***** SAN FRANCISCO, CA 94121 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | DONALD J. NEWTON ***** PACIFICA, CA 94044 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BOOKSTORE MANAGER CITY COLLEGE OF SAN FRANCISCO | \$300.00 | \$300.00 | \$0.00 |
| 09/01/2005 | ALVIN JENKINS ***** SAN FRANCISCO, CA 94114 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUNSELOR CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$250.00 | \$0.00 |

SUBTOTAL \$ 1,850.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 22 of 34 |

| | |
|--|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 09/01/2005 | RE-ELECT MILTON MARKS, III 1266541 ***** SAN FRANCISCO, CA 94118 Memo Reference ID Number: INC89 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | BELL AND FLOWERS JANITORIAL ***** SAN FRANCISCO, CA 94121 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | STEPHEN HERMAN ***** SAN FRANCISCO, CA 94117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COLLEGE ADMINISTRATOR CITY COLLEGE OF SAN FRANCISCO | \$500.00 | \$500.00 | \$0.00 |
| 09/01/2005 | SANDERSON FOUNDATION ***** SAN FRANCISCO, CA 94133 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | \$0.00 |
| 09/01/2005 | MAMIE HOW ***** SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEAN CITY COLLEGE OF SAN FRANCISCO | \$250.00 | \$500.00 | \$0.00 |

SUBTOTAL \$ 1,750.00

Schedule A
Monetary Contributions Received

SCHEDULE A

| | | | |
|-------------------------|------------|----------------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 23 of 34 | |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| DATE RECEIVED | FULL NAME, MAILING 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) |
|--------------------|--|---|---|-----------------------------|---|---------------------------------------|
| 09/02/2005 | DANIEL HAYES ***** SAN RAFAEL, CA 94903 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPARTMENT CHAIR, PHYSICAL EDUCATION AND DANCE | \$100.00 | \$100.00 | \$0.00 |
| 09/02/2005 | F.W. ASSOCIATES, INC. ***** SAN FRANCISCO, CA 94103 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | \$0.00 |
| 09/02/2005 | LIN + MEINHARDT ***** SAN FRANCISCO, CA 94102 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$200.00 | \$200.00 | \$0.00 |
| 09/02/2005 | K2A, LLP ***** SAN FRANCISCO, CA 94107 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | \$0.00 |
| SUBTOTAL \$ | | | | 6,050.00 | | |

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|-------------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | <u>07/01/2005</u> | | |
| through | <u>09/24/2005</u> | Page 24 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 ndependent 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 |
|---|------|----|------------------------|-------------|
| ASIANWEEK ***** SAN FRANCISCO, CA 94108 | PRT | | | \$85.00 |
| BAY AREA REPORTER ***** SAN FRANCISCO, CA 94103 | PRT | | | \$233.00 |
| ASIANWEEK ***** SAN FRANCISCO, CA 94108 | PRT | | | \$120.00 |

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

SUBTOTAL \$ 438.00

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 81,280.18 |
| 2. Unitemized payments made this period of under \$100..... | \$ 90.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add lines 1, 2 and 3. Enter here and on Summary Page, Column A, Line 6.) | TOTAL \$ 81,370.18 |

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 25 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 ndependent 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 |
|---|---------|------------------------|-------------|
| ASIANWEEK ***** SAN FRANCISCO, CA 94108 | PRT | | \$80.00 |
| EL MENSAJERO ***** SAN FRANCISCO, CA 94110 | PRT | | \$84.00 |
| DAILY JOURNAL CORPORATION ***** LOS ANGELES, CA 90054 | PRT | | \$88.00 |
| BAY AREA REPORTER ***** SAN FRANCISCO, CA 94103 | PRT | | \$127.13 |
| DAILY JOURNAL CORPORATION ***** LOS ANGELES, CA 90054 | PRT | | \$539.24 |

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

SUBTOTAL \$ 918.37

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 26 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 |
|--|------|---------------------------|-------------|
| HAL ASSOCIATES ***** LINCOLN, CA 94111 | CNS | | \$1,000.00 |
| THE SUTTON LAW FIRM ***** SAN FRANCISCO, CA 9410-8 Memo Reference ID Number: EXP124 | PRO | | \$2,500.00 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | CNS | | \$12,000.00 |
| DAVID BINDER RESEARCH ***** SAN FRANCISCO, CA 94102 | POL | | \$5,000.00 |
| EL MENSAJERO ***** SAN FRANCISCO, CA 94110 | PRT | | \$119.70 |

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

SUBTOTAL \$ 21,158.94

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|-------------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | <u>07/01/2005</u> | | |
| through | <u>09/24/2005</u> | Page 27 of 34 | |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 |
|--|---------|------------------------|-------------|
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | CNS | | \$638.93 |
| DAVID BINDER RESEARCH ***** SAN FRANCISCO, CA 94102 | POL | | \$17,900.00 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | | SEE SCHEDULE G | \$2,500.00 |
| DELANCEY STREET FOUNDATION ***** SAN FRANCISCO, CA 94104 | MTG | | \$500.00 |
| THE SUTTON LAW FIRM ***** SAN FRANCISCO, CA 9410-8 | PRO | | \$3,136.37 |

Memo Reference ID Number: EXP175

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

SUBTOTAL \$ 24,795.00

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|-------------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | <u>07/01/2005</u> | | |
| through | <u>09/24/2005</u> | Page 28 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 |
|--|------|----|------------------------|-------------|
| BERNAL HEIGHTS NEIGHBORHOOD CENTER-ENG ***** SAN FRANCISCO, CA 94112 | MTG | | | \$100.00 |
| BERNAL HEIGHTS NEIGHBORHOOD CENTER-ENG ***** SAN FRANCISCO, CA 94112 | MTG | | | \$225.00 |
| CASTRO STREET FAIR ***** SAN FRANCISCO, CA 94114 | MTG | | | \$300.00 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | CNS | | | \$554.91 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | | | SEE SCHEDULE G | \$4,259.51 |

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

SUBTOTAL \$ 8,575.79

**Schedule E
Payments Made**

SCHEDULE E

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 29 of 34 | |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 |
|--|---------|------------------------|-------------|
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | | SEE SCHEDULE G | \$3,699.39 |
| LAW OFFICES OF STEVE NGO ***** SAN FRANCISCO, CA 94109 | PRO | | \$390.00 |
| ASIANWEEK ***** SAN FRANCISCO, CA 94108 | PRT | | \$100.00 |
| VANNARITH NGET ***** MOUNTAIN VIEW, CA 94043 | | RFD | \$20,000.00 |
| NICHELE LYONS ***** SAN FRANCISCO, CA 94129 | CNS | | \$5,000.00 |

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

SUBTOTAL \$ 33,448.90

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

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 30 of 34 | |

| | |
|---|--------------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| BAY AREA REPORTER ***** SAN FRANCISCO, CA 94103 | PRT | \$233.00 | \$0.00 | \$233.00 | \$0.00 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | CNS | \$0.00 | \$12,000.00 | \$0.00 | \$12,000.00 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | CNS | \$0.00 | \$3,246.00 | \$0.00 | \$3,246.00 |

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

SUBTOTALS \$ 233.00 15,246.00 233.00 15,246.00

Schedule F Summary

| | | |
|---|------------------------|--|
| 1. 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 | <u>\$ 37,249.50</u> |
| 2. 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 | <u>\$ 313.00</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET | <u>\$ 36,936.50</u> <small>(MAY BE A NEGATIVE NUMBER)</small> |

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

SCHEDULE F

| | | | |
|-------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 07/01/2005 | | |
| through | 09/24/2005 | Page 31 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

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 monetary)* | 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 ndependent 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | | \$0.00 | \$113.50 | \$0.00 | \$113.50 |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTNERS ***** SAN FRANCISCO, CA 94105 | | \$0.00 | \$21,640.00 | \$0.00 | \$21,640.00 |
| RE-ELECT MILTON MARKS, III 1266541 ***** SAN FRANCISCO, CA 94118 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |

| | | | | | |
|--|---------------------|------|-----------|------|-----------|
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS \$ | 0.00 | 22,003.50 | 0.00 | 22,003.50 |
|--|---------------------|------|-----------|------|-----------|

Schedule G

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

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2005 | |
| through | 09/24/2005 | Page 32 of 34 |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR | |
| BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTN | |

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 monetary)* | 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, CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-----------------|
| MARY LEIGH HENNEBERRY ***** SAN FRANCISCO, CA 94107 | LIT | | \$1,580.00 |
| AUTUMN PRESS ***** BERKELEY, CA 94710 | LIT | | \$1,694.39 |
| MARY LEIGH HENNEBERRY ***** SAN FRANCISCO, CA 94107 | OFC | | \$1,575.50 |
| AUTUMN PRESS ***** BERKELEY, CA 94710 | OFC | | \$2,184.01 |
| Subtotal | | | 7,033.90 |
| LISA HANSON ***** OAKLAND, CA 94611 | OFC | | \$500.00 |

Attach additional information on appropriately labeled continuation sheets

Subtotal \$ 7,033.90

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

| | | | |
|-------------------------|-------------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | <u>07/01/2005</u> | | |
| through | <u>09/24/2005</u> | Page 33 of 34 | |

| | |
|---|------------------------|
| NAME OF FILER COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | I.D. NUMBER 1276564 |
|---|------------------------|

| |
|---|
| NAME OF AGENT OR INDEPENDENT CONTRACTOR BARNES, MOSHER, WHITEHURST, LAUTER, AND PARTN |
|---|

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 monetary)* | 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, CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| KIRK BRIGGS SIGNS, INC. ***** OAKDALE, CA 95361 | CMP | | \$21,295.00 |
| DAVID BINDER RESEARCH ***** SAN FRANCISCO, CA 94102 | POL | | \$2,500.00 |

Attach additional information on appropriately labeled continuation sheets **SUBTOTAL \$** 23,795.00

Memo Schedule

| | | | |
|-------------------------|-------------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | <u>07/01/2005</u> | | |
| through | <u>09/24/2005</u> | Page 34 of 34 | |

| | |
|---|-------------|
| NAME OF FILER | I.D. NUMBER |
| COMMITTEE TO SUPPORT OUR CITY COLLEGE--YES ON A | 1276564 |

| <u>Memo Reference ID Number</u> | <u>Name</u> | <u>Schedule Reference</u> | <u>MEMO</u> |
|----------------------------------|-------------|---------------------------|---|
| Memo Reference ID Number: INC89 | | A | CONTRIBUTION REFUNDED ON SEPTEMBER 29, 2005 |
| Memo Reference ID Number: INC154 | | A | MADE THROUGH INTERMEDIARY: TOM ELIOT FISCH ARCHITECTURE AND INTERIORS, 201 POST ST., 7TH FL., SAN FRANCISCO, CA 94108 |
| Memo Reference ID Number: INC155 | | A | MADE THROUGH INTERMEDIARY: TOM ELIOT FISCH ARCHITECTURE AND INTERIORS, 201 POST ST., 7TH FL., SAN FRANCISCO, CA 94108 |
| Memo Reference ID Number: INC211 | | A | MADE THROUGH INTERMEDIARY: THE SHALLECK COLLABORATIVE, INC., 203 RANDALL ST., SAN FRANCISCO, CA 94131 |
| Memo Reference ID Number: EXP124 | | E | KEVIN HENEGHAN, ASST. TREASURER IS AN EMPLOYEE OF THE SUTTON LAW FIRM |
| Memo Reference ID Number: EXP175 | | E | KEVIN HENEGHAN, ASST. TREASURER IS AN EMPLOYEE OF THE SUTTON LAW FIRM |