2:08-CV-00486-EFB

DECLARATION OF JAMES C. HARRISON IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

EXHIBIT E

COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2003 through 06/30/2003

Date of election if applicable: (Month, Day, Year) 03/07/2006

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
- ○ Primary Formed
- ○ Controlled
- ○ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

☐ Pre-election Statement
■ Semi-annual Statement
☐ Termination Statement
■ Amendment (Explain below)

Summary page & Schedules F, G & I amended

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER 1253280

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Angelides 2006

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814-0000	

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
Tina Thomas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

NAME OF ASSISTANT TREASURER, IF ANY
Stephen Kaufman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Phil Angelides

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: Governor
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Sacramento	CA	95814

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D.NUMBER
Friends of Phil Angelides	970634
NAME OF TREASURER	CONTROLLED COMMITTEE?
Tina Thomas	■ YES ☐ NO

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

COMMITTEE NAME	I.D.NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ 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 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 01/01/2003
through 06/30/2003

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Angelides 2006

I.D. NUMBER
1253280

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$1,980,113.33	$1,980,113.33
2. Loans Received	Schedule B, Line 7	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$1,980,113.33	$1,980,113.33
4. Nonmonetary Contributions	Schedule C, Line 3	$30,572.02	$30,572.02
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$2,010,685.35	$2,010,685.35

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	$0.00	$0.00
21. Expenditures Made	$0.00	$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$164,115.16	$164,115.16
7. Loans Made	Schedule H, Line 7	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$164,115.16	$164,115.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$47,820.53	$47,820.53
10. Nonmonetary Adjustment	Schedule C, Line 3	$30,572.02	$30,572.02
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$242,507.71	$242,507.71

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$0.00
13. Cash Receipts	Column A, Line 3 above	$1,980,113.33
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$8,422,422.31
15. Cash Payments	Column A, Line 8 above	$164,115.16
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$10,238,420.48

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$47,820.53

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from 01/01/2003
through 06/30/2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Angelides 2006

I.D. NUMBER
1253280

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/20/2003	Friends of Phil Angelides Sacramento, CA 95814 Filer ID: 970634	Transfer	$7,553,638.55
	TREASURER Tina Thomas Sacramento, CA 95814		
6/19/2003	Capital One Glen Allen, VA 23058-5038	Interest	$2,397.85
6/30/2003	Friends of Phil Angelides Sacramento, CA 95814 Filer ID: 970634	Transfer	$851,908.40
	TREASURER Tina Thomas Sacramento, CA 95814		

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL**

Schedule I Summary

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

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