# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

ORIGINAL

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

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For Official Use Only

Date Stamp: FILED 06 OCT -5 AM 8:02 CONTRA COSTA COUNTY ELECTION DEPARTMENT

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 7-1-06 through 9-30-06

Date of election if applicable: (Month, Day, Year) 11-7-06

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] 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 5)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

## 2. Type of Statement:

- [X] 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: 1285384

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
KRONENBERG FOR SCHOOL BOARD, MADELINE

STREET ADDRESS (NO P.O. BOX)
811 CRAFT AVE

CITY: EL CERRITO STATE: CA ZIP CODE: 94530 AREA CODE/PHONE: 510/527-9446

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
HALE KRONENBERG

MAILING ADDRESS
811 CRAFT AVE

CITY: EL CERRITO STATE: CA ZIP CODE: 94530 AREA CODE/PHONE: 510/527-9446

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10-4-06 (Date) By Hale Kronenberg (Signature of Treasurer or Assistant Treasurer)

Executed on 10-4-06 (Date) By Madeline Kronenberg (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.

COVER PAGE - PART 2

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MADELINE KRONENBERG

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

WEST CONTRA COSTA COUNTY UNIFIED SCHOOL DISTRICT TRUSTEE / BOARD MEMBER

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

811 CRAFT AVE EL CERRITO CA 94530

### 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? ☐ YES ☐ NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ 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

| 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 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 | ☐ 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 7-1-06
through 9-30-06

CALIFORNIA FORM 460

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I.D. NUMBER
1285384

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

## Contributions Received

| | | Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 29,850 | $ 75,314 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 29,850 | $ 75,314 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 29,850 | $ 75,314 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 5,912 | $ 5,912 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 5,912 | $ 5,912 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 5,912 | $ 5,912 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 45,464 |
| 13. Cash Receipts | Column A, Line 3 above | 29,850 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments | Column A, Line 8 above | 5,912 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 69,402 |

*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 — $ 0
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ 0

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).

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

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

## 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 |
|---|---|
| / / | $ |
| / / | $ |

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

## Schedule A
## Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 7-6-06 | DAVILLIER-SLOAN, INC.<br>1630 12TH ST.<br>OAKLAND CA 94607 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 2,500 | 2,500 | |
| 8-19-06 | H & M MECHANICAL GROUP<br>2220 LIVINGSTON ST STE 200<br>OAKLAN CA 94608 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 1,000 | 1,000 | |
| 8-19-06 | IBEW LOCAL UNION NO. 302<br>POLITICAL ACTION COMMITTEE<br>1875 ARNOLD DR.<br>MARTINEZ CA 94553 | ☐IND ☒COM ☐OTH ☐PTY ☐SCC | | 1,000 | 1,000 | |
| 8-19-06 | ALLIANCE ENGINEERING CONSULTANTS, INC.<br>4701 PATRICK HENRY DR BLDG 10<br>SANTA CLARA CA 95054 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 1,000 | 1,000 | |
| 8-29-06 | SHEETMETAL WORKERS' LOCAL UNION 104 POLITICAL COMMITTEE<br>2610 CROW CANYON RD STE 300<br>SAN RAMON CA 94583 | ☐IND ☒COM ☐OTH ☐PTY ☐SCC | | 500 | 500 | |
| | | | SUBTOTAL $ | 6,000 | | |

### Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 29,850
2. Amount received this period – unitemized contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 29,850

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

## Schedule A (Continuation Sheet)
## Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460

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NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 9-2-06 | DON GOSNEY<br>929 LASSEN ST.<br>RICHMOND CA 94805 | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | VP & CHAIRMAN PAC PLUMBERS AND STEAMFITTERS LOCAL UNION NO 342 | 250 | 250 | |
| 9-6-06 | KEVIN A. MACQUARRIE<br>37 MARIN BAY PARK CT.<br>SAN RAFAEL CA 94901 | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | ARCHITECT<br>WLC ARCHITECTS | 2500 | 4800 | |
| 9-9-06 | ROBERT J. HENSLEY<br>5086 MAGNOLIA AVE<br>RNERSIDE CA 92506 | [X] IND<br>[ ] COM<br>[ ] OTH<br>[ ] PTY<br>[ ] SCC | ARCHITECT<br>WLC ARCHITECTS | 2500 | 2500 | |
| 9-15-06 | ARTHUR TAM & ASSOCS., INC<br>300 27TH ST 2nd Floor<br>OAKLAND CA 94612 | [ ] IND<br>[ ] COM<br>[X] OTH<br>[ ] PTY<br>[ ] SCC | | 1000 | 3000 | |
| 9-22-06 | N. CA CARPENTERS REGIONAL COUNCIL<br>265 HEGENBERGER RD STE 200<br>OAKLAND CA 94621 | [ ] IND<br>[ ] COM<br>[X] OTH<br>[ ] PTY<br>[ ] SCC | | 1000 | 1000 | |
| | | | SUBTOTAL $ | 7,250 | | |

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PTY – Political Party
SCC – Small Contributor Committee

## Schedule A (Continuation Sheet)
## Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460



NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 9-23-06 | WHM, INC.<br>1605 SCHOOL ST.<br>MORAGA CA 94556 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 500 | 500 | |
| 9-23-06 & 9-29-06 | VALLIER DESIGN ASSOCS. INC<br>210 WASHINGTON AVE STE 6<br>PT RICHMOND CA 94801 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 500<br>500 | 1000 | |
| 9-23-06 | ROCHELLE LERCH<br>3 PENDLETON PL<br>EDISON NJ 08820 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | RETIRED | 100 | 100 | |
| 9-25-06 | THE SEVILLE GROUP<br>199 S. HUDSON AVE.<br>PASADENA CA 91101 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 5,000 | 20,000 | |
| 9-28-06 | WALLACE BOYD GORDON<br>1640 BAY ST #303<br>SAN FRANCISCO CA 94123 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | ARCHITECT<br>DEEMS LEWIS MCKINLEY ARCHITECTS | 5,000 | 10,000 | |
| | | | SUBTOTAL $ | 11,600 | | |

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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 (Continuation Sheet)
## Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460

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NAME OF FILER

KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 9-29-06 | BPE ASSOCS, INC<br>3 Peters Canyon Rd. Ste 100<br>IRVINE CA 92606 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 1,500 | 1,500 | |
| 9-29-06 | W. J. Robinson & Assocs Inc.<br>369 Pine St. Ste 220<br>SAN FRANCISCO CA 94104 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 1,000 | 1,000 | |
| 9-29-06 | FRED POWELL<br>311 OAK ST NO. 331<br>OAKLAND CA 94607 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | ARCHITECT<br>POWELL PARTNERS ARCHITECTS | 1,000 | 6,000 | |
| 9-29-06 | POYSTON HANAMOTO ALLEY & ABEY Landscape Architects<br>225 MILLER AVE STE A<br>MILL VALLEY CA 94941 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 500 | 500 | |
| 9-29-06 | UESF ENGINEERS, INC.<br>315 BAY ST.<br>SAN FRANCISCO CA 94133 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | | 500 | 500 | |

SUBTOTAL$ 4500

*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 (Continuation Sheet)
## Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460



NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 9-29-06 | OAKLEY & OAKLEY<br>7700 EDGEWATER DR.<br>STE 615<br>OAKLAND CA 94621 | ☐IND<br>☐COM<br>☒OTH<br>☐PTY<br>☐SCC | | 500 | 500 | |
| | | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC | | | | |
| | | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC | | | | |
| | | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC | | | | |
| | | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC | | | | |
| | | | SUBTOTAL $ | 500 | | |

*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 D
## Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 7-1-06
through 9-30-06

SCHEDULED
CALIFORNIA FORM 460

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NAME OF FILER

I.D. NUMBER 1285384

KRONENBERG FOR SCHOOL BOARD, MADELINE

| 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) |
|---|---|---|---|---|---|---|
| 9-30-06 | COMMITTEE TO ELECT JANET ABELSON<br>EL CERRITO CITY COUNCIL<br>☒ Support ☐ Oppose | ☒ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | 1,000 | 1,000 | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | | | SUBTOTAL $ | 1,000 | | |

### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 1,000
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 1,000

SCHEDULE E

# Schedule E
## Payments Made

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

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER

1285384

**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 |
|---|---|---|---|---|
| CHRISTINA A. SLAMON<br>1901 SHASTA ST.<br>RICHMOND CA 94804 | SAL<br>SAL<br>SAL | | | 500<br>500<br>1000 |
| CHRISTINA A. SLAMON<br>1901 SHASTA ST.<br>RICHMOND CA 94804 | | | REIMBURSEMENT FOR OFFICE EXPENSES, POSTAGE, FOOD, TRAVEL, AND MISC. EXPENSES | 200<br>200 |
| PHIL GIARRIZZO CAMPAIGN CONSULTING<br>1215 19TH ST #200<br>SACRAMENTO CA 95814 | CNS | | | 2,363 |

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

SUBTOTAL$ 4,763

## Schedule E Summary

| | | |
|---|---|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | $ | 5,763 |
| 2. Unitemized payments made this period of under $100 | $ | 149 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | $ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL | $ | 5,912 |

SCHEDULE E (CONT.)

# Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1285384

**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 |
|---|---|---|---|
| COMMITTEE TO ELECT JANET ABELSON<br>3 POMONA AVE<br>EL CERRITO CA 94530<br>I.D. NO. 970897 | CTB | | 1,000 |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL $ 1,000

SCHEDULE G

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

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

Statement covers period
from 7-1-06
through 9-30-06

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRONENBERG FOR SCHOOL BOARD, MADELINE

I.D. NUMBER
1295384

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PHIL GIARRIZZO CAMPAIGN CONSULTING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|---|---|---|---|---|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|---|
| ALLIED PRINTING CO.<br>1912 "O" ST<br>SACRAMENTO CA 95814 | LIT | | | 1363 |
| | | | | |
| | | | | |
| | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

TOTAL* $ 1363

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*