#1 - 2004

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. ORIGINAL

Date Stamp: FILED 04 OCT -4 PM 12:37 CONTRA COSTA COUNTY ELECTION DEPARTMENT

COVER PAGE

CALIFORNIA 2001-02 FORM **460**

Page _____ of _____

For Official Use Only

Statement covers period from 7/1/04 through 9/30/04

Date of election if applicable: (Month, Day, Year) 11/2/04

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 6)*
- [ ] 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: 1269263

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Karen Pfeifer

STREET ADDRESS (NO P.O. BOX)
930 Seaview Dr.

CITY: El Cerrito, CA 94530 | STATE | ZIP CODE | AREA CODE/PHONE: (510) 526-5367

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

KarenPfeifer@yahoo.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Katherine Meurer

MAILING ADDRESS
917 Norvell St.

CITY: El Cerrito, CA 94530 | STATE | ZIP CODE | AREA CODE/PHONE: (510) 528-3053

NAME OF ASSISTANT TREASURER, IF ANY
Gina Moreland

MAILING ADDRESS
808 Coventry Rd.

CITY: Kensington, CA 94707 | STATE | ZIP CODE | AREA CODE/PHONE: (510) 528-3053

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 10/2/04 (Date) By Katherine Meurer (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)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM **460**

Page ____ of ____

I.D. NUMBER
1269263

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Karen Pfeifer

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 19490.00	$ 19490.00
2. Loans Received	Schedule B, Line 3	Ø	Ø
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 19490.00	$ 19490.00
4. Nonmonetary Contributions	Schedule C, Line 3	231.54	231.54
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 19721.54	$ 19721.54

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1417.00	$ 1417.00
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1417.00	$ 1417.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	Ø	Ø
10. Nonmonetary Adjustment	Schedule C, Line 3	2974.34	2974.34
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 4391.34	$ 4391.34

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	19,490.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	1417.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 18073.00

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ Ø

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ Ø
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ Ø

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
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$

*Since January 1, 2001. 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.

Statement covers period
from 7/1/04
through 9/30/04

SCHEDULE A
CALIFORNIA FORM 460
Page ____ of ____
I.D. NUMBER 1269263

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Committee to Elect Karen Pfeifer

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)
9/9/04	Charles Ramsey 410 Sea View Dr. El Cerrito, CA 94530	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed, Attorney	$1000.00	$1000.00	
8/29/04	Stephen Follansbee 130 San Pablo Ave. San Francisco, CA 94127	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Doctor, JPMC Medical Group	$200.00	$200.00	
8/28/04	Parents & Community for Glen Price 849 Lexington Ave. El Cerrito, CA 94530 PAC#951109	☐IND ☑COM ☐OTH ☐PTY ☐SCC		$250.00	$250.00	
9/14/07	Powell & Partners 311 Oak St. #331 Oakland, CA 94607	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$5,000.00	$5000.00	
9/14/04	Arthur Tam & Associates 300 27th St. 2nd Floor Oakland, CA 94612	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$2000.00	$2000.00	

SUBTOTAL $ 8450.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 18850.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 640.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 19,490.00

*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 7/1/04
through 9/30/04

CALIFORNIA FORM **460**

Page _____ of _____

NAME OF FILER
The Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

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)
8/28/04	Helen Bean 118 York Ave. Kensington, CA 94708	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manager, City of Concord	$200.00	$200.00	
8/28/04	Marsha Williamson 1714 Walnut st. El Cerrito, CA 94530	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Research Geneticist, LBNL	$250.00	$250.00	
8/28/04	Kathryn Day 239 Colusa Ave. El Cerrito CA 94530	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manager, University of California, Berkeley	$200.00	$200.00	
9/23/04	Don Todd Associates 1255 Post st #700 San Francisco, CA 94109	☐IND ☐COM ☒OTH ☐PTY ☐SCC		$5000.00	$5000.00	
9/23/04	U.A. Local 342 P.A.C. Fund 935 Detroit Ave. Concord, CA 94518 PAC#1269263	☐IND ☒COM ☐OTH ☐PTY ☐SCC		$750.00	$750.00	

SUBTOTAL $ 6,400.00

*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 7/1/04
through 9/30/04

CALIFORNIA FORM **460**

Page ____ of ____

I.D. NUMBER
1269263

NAME OF FILER
Committee to elect Karen Pfeifer

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)
9/22/04	The Scuille Group 600 S. Lake Ave #401 Pasadena, CA 91106 PAC #1269263	☐IND ☑COM ☐OTH ☐PTY ☐SCC		$3000.00	$3000.00	Manages construction for WCCUSD
9/22/04	I.B.E.W. Local Union No. 302 Political Action Committee 1875 Arnold Dr. Martinez, CA 94553 PAC #284075	☐IND ☑COM ☐OTH ☐PTY ☐SCC		$1000.00	$1000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 4,000.00

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

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 7/1/04
through 9/30/04

SCHEDULE C
CALIFORNIA FORM 460
Page ____ of ____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/04	Joan Cone 506 Washington Ave Richmond, CA 94801	☑IND ☐COM ☐OTH ☐PTY ☐SCC	requested	Printing expenses	$227.34	$227.34	
9/10/04	Kirk Briggs Signs 551 S. Yosemite Ave. Oakdale, CA 95361	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Printing-Signs	2,700.00	2,700.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

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

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 2,927.34
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 47.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 2974.34

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

Schedule E
Payments Made

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

Statement covers period
from 7/1/04
through 9/30/04

SCHEDULE E
CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Todd M. Plate 721 Trestle Glen Rd. Oakland, CA 94610	CNS		$1,000.00
USPS Albany Branch Albany, CA 94706	POS		$ 370.00

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 1370.00
2. Unitemized payments made this period of under $100 ..... $ 47.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 1417.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

Date Stamp

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04 OCT 21 PM 3:07
CONTRA COSTA COUNTY
ELECTION DEPARTMENT

CALIFORNIA 2001/02 FORM **460**

Page ____ of ____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/1/04
through 10/16/04

Date of election if applicable: (Month, Day, Year)
11/2/04

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 6)*
- [ ] 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: 1269263

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Karen Pfeifer

STREET ADDRESS (NO P.O. BOX)
930 Seaview Dr.

CITY | STATE | ZIP CODE | AREA CODE/PHONE
El Cerrito, CA 94530 | | | (510) 526-5367

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

karenpfeifer@yahoo.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Katherine Meurer

MAILING ADDRESS
917 Norvell St.

CITY | STATE | ZIP CODE | AREA CODE/PHONE
El Cerrito | CA | 94530 | (510) 526-3504

NAME OF ASSISTANT TREASURER, IF ANY
Gina Moreland

MAILING ADDRESS
808 Coventry Rd. | CA | 94707 | (510)528-3053

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 10/18/04 (Date) By Katherine Meurer (Signature of Treasurer or Assistant Treasurer)

Executed on 10/18/04 (Date) By Karen E Pfeifer (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)

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/1/04
through 10/16/04

CALIFORNIA FORM **460**

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7,215.00	$ 26705.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7215.00	$ 26705.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	231.54
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7215.00	$ 26936.54

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 13118.46	$ 14535.46
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 13118.46	$ 14535.46
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	2974.34
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 13118.46	$ 17509.80

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 18073.00
13. Cash Receipts	*Column A, Line 3 above*	7215.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	13118.46
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 12169.54

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

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

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* — $ 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).

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
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$

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

26,936
7215
$19,721

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/1/04
through 10/16/04

CALIFORNIA FORM **460**

Page _____ **of** _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

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)
10/2/04	Public Employees Union Local #1 5034 Blum Rd Martinez, CA 94553 PAC #1269263	☐IND ☒COM ☐OTH ☐PTY ☐SCC		$1,000.00	$1,000.00	
10/4/04	NWPC of CCC-PAC PO BOX 6541 Concord, CA 94524 PAC#741385	☐IND ☒COM ☐OTH ☐PTY ☐SCC		$200.00	$200.00	
10/8/04	Independent PAC Local #188 4716 Buckboard Way Richmond, CA 94803 PAC#	☐IND ☒COM ☐OTH ☐PTY ☐SCC	PAC # Pending	$4000.00	$4000.00	Investigated by FPPC
10/4/04	Gail Mendes 7858 Burns Ct. El Cerrito, CA 94530 (510_287-9047	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher/ WCCUSD	$500.00	$500.00	
10/5/04	Gina Moreland 808 Coventry Rd. Kensington, CA 94707 (510) 528-3053	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Director, Habitat	$250.00	$250.00	
			SUBTOTAL $	5,950.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ 5,950.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ ~~$1,000.00~~ $1265.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** ~~7,000.00~~ 7,215.00

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 10/1/04
through 10/16/04

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/04	Joan Cone 506 Washington Ave. Richmond, CA 94801	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher, El Cerrito High Schhol		0.00	227.34	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

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

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more.
   (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 0.00

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

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period
from 10/1/04
through 10/16/04

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Karen Pfeifer

I.D. NUMBER
1269263

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Phil Giarrizzo Campaign Consulting 1800 21st St. #100 Sacramento, CA 95814 (916) 737-9325	CNS		11,000.00
Chimes Printing 1083 Shary Circle Concord, CA 94518	PRT		1087.81
Todd M. Plate 721 Trestle Glen Rd. Oakland, CA 94610	CNS		1000.00

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

SUBTOTAL $ 13087.81

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 13087.81
2. Unitemized payments made this period of under $100 ..... $ 30.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 13,118.46

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page _____ of _____

For Official Use Only

Date Stamp

FILED

05 JAN 25 AM 9:38

SONOMA COUNTY ELECTIONS DEPARTMENT

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/17/04
through 12/31/04

Date of election if applicable: (Month, Day, Year)
11/2/04

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 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [X] 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: 1269263

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Karen Pfeifer

STREET ADDRESS (NO P.O. BOX)
930 Seaview Dr.

CITY: El Cerrito | STATE: CA | ZIP CODE: 94530 | AREA CODE/PHONE: (510) 526-5367

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

karenpfeifer@yahoo.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Katherine Meurer

MAILING ADDRESS
917 Norvell St.

CITY: El Cerrito | STATE: CA | ZIP CODE: 94530 | AREA CODE/PHONE: (510) 526-3504

NAME OF ASSISTANT TREASURER, IF ANY
Gina Moreland

MAILING ADDRESS
808 Coventry

CITY: Kensington | STATE: CA | ZIP CODE: 94707 | AREA CODE/PHONE: (510) 528-3053

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 1/23/05 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 1/23/05 (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)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/17/04
through 12/31/04

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KAREN PFEIFER

I.D. NUMBER
1269263

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 1950.00	$ 29655.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 1950.00	$ 29655
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	231.54
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 1950.00	$ 29886.54

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 15247.92	$ 29783.38
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 15247.92	$ 29783.38
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 25247.92	$ 29783.38

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 13,169.54
13. Cash Receipts	*Column A, Line 3 above*	1950.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	14408.67
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 710.87

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

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

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*	$ 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).

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
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$

*Since January 1, 2001. 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 10/17/04
through 12/31/04

CALIFORNIA FORM **460**

Page _____ **of** _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KAREN PFEIFER

I.D. NUMBER
1269263

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)
10/22/04	RICHARD B. FIRESTONE 1345 CONTRA COSTA DR. EL CERRITO, CA 94530	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RESEARCHER UC BEREKELY	250.00	250.00	
10/20/04	AEKO CONSULTING 1939 HARRISON ST. #325 OAKLAND, CA 94612	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	
11/4/04	LAIDLAW TRANSIT NC. -WETERN TRANSIT 201 N.CIVIC DRIVE#150 WALNUT CREEK, CA 94596	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	
10/17/04	SHEET METAL WORKER'S LOCAL #104	☐IND ☐COM ☒OTH ☐PTY ☐SCC	ID#850381	250.00	250.00	
11/7/04	Virgina T. Porter 220 Montgomery St. #1850 San Francisco, CA 94104	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Pending	100.00	100.00	
			SUBTOTAL $	1350.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ 1350.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 600.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 1950.00

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

Schedule E
Payments Made

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

Statement covers period
from 10/17/04
through 12/31/04

SCHEDULE E
CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KAREN PFEIFER

I.D. NUMBER
1269263

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
Staples Office Supply Store	OFC		187.16
PHIL GIARRIZZO CAMPAIGN CONSULTING 1800 21ST ST. #100 SACRAMENTO, CA 95814	CNS		13991.07
Trader Joes	FND		210.85

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

SUBTOTAL $ 14389.08

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.)	$	14389.08
2. Unitemized payments made this period of under $100	$	19.59
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	**TOTAL $**	14408.67

Late Contribution Report

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

FILED

LATE CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 10/19/04	Date Stamp	CALIFORNIA FORM 497
Committee to Elect Karen Pfeifer			OCT 20 AM 7:58	For Official Use Only
AREA CODE/PHONE NUMBER: (510) 526-5367	I.D. NUMBER (if applicable): 1269263	Report No. LC1	CONTRA COSTA COUNTY ELECTION DEPARTMENT	
STREET ADDRESS: 930 Seaview		☐ Amendment to Report No. _____ (explain below)		
CITY: El Cerrito	STATE: Ca ZIPCODE: 94530	No. of Pages _____		

Late Contribution(s) Received

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
10/18/04	Northern California Carpenters Regional Council 448 Hegenberger Rd. Oakland, CA 94621 PAC#972104	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan

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

Reason for Amendment: Late Contribution

FPPC Form 497 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
FILED
2004 OCT 18 AM 8:09
CLERK/FILING OFFICER

CALIFORNIA 2001/02 FORM **460**

Page _____ of _____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/05
through 4/20/05

Date of election if applicable:
(Month, Day, Year)
11/2/04

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

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☐ Semi-annual Statement
- ☑ Termination Statement
  (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1269263

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Karen Pfiefer

STREET ADDRESS (NO P.O. BOX)
930 Seaview

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	510-526-5367

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
karenpfeifer@yahoo.com

Treasurer(s)

NAME OF TREASURER
Katherine Meurer

MAILING ADDRESS
917 Norvell St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	510-526-3504

NAME OF ASSISTANT TREASURER, IF ANY
Gina Moreland

MAILING ADDRESS
808 Coventry

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Kensington	CA	94707	(510) 528-3053

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/30/05 (Date) — By Katherine Meurer (Signature of Treasurer or Assistant Treasurer)

Executed on 5/11/05 (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)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/05
through 4/20/05

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT KAREN PFEIFER

I.D. NUMBER
1269263

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 29655.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 29655.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	231.54
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0.00	$ 29886.54

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 710.87	$ 30494.25
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 710.87	$ 30494.25
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 710.87	$ 30494.25

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 710.87
13. Cash Receipts	*Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	710.87
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

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

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

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*	$ 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).

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 E

Schedule E
Payments Made

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

Statement covers period
from 1/1/05
through 4/20/05

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT KAREN PFEIFER

I.D. NUMBER
1269263

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
Katherine Meurer 917 Norvell St. El Cerrito, CA 94530	FIL			189.53
Teresa Brooks	MBR			189.53
Stable Office Supply Store	OFC			179.81

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

SUBTOTAL $ 558.87

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 558.87
2. Unitemized payments made this period of under $100 ..... $ 152.00
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 the Summary Page, Column A, Line 6.) ..... **TOTAL $** 710.87