

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.
ORIGINAL

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>28</u>
	For Official Use Only

2011 JUL 15 PM 2:05
REC'D S.D. CO. ROV

Statement covers period
from 1/1/2011
through 6/30/2011

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- 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
911529

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

Friends of Dianne Jacob for Supervisor 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Jamul CA 91935

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

Glenn R. Jacob

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Jamul CA 91935

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

g-jacob@cox.net

4. Verification

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

Executed on 7/10/2011
Date

Executed on 7/10/2011
Date

Executed on _____
Date

Executed on _____
Date

By Glenn R. Jacob
Signature of Treasurer or Assistant Treasurer

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

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

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
Dianne S. Jacob

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
San Diego County Board of Supervisors

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] San Diego CA 91935

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

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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

7. Primarily Formed 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/2011</u>	CALIFORNIA FORM 460
through <u>6/30/2011</u>	
Page <u>3</u> of <u>28</u>	I.D. NUMBER <u>911529</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>27,333.00</u>	\$ <u>27,333.00</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>27,333.00</u>	\$ <u>27,333.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>1,311.38</u>	<u>1,311.38</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>28,644.38</u>	\$ <u>28,644.38</u>

**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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>10,073.69</u>	\$ <u>10,073.69</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>10,073.69</u>	\$ <u>10,073.69</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>10,073.69</u>	\$ <u>10,073.69</u>

**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

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>324,947.56</u>
13. Cash Receipts Column A, Line 3 above	<u>27,333.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>2,986.39</u>
15. Cash Payments Column A, Line 8 above	<u>10,073.69</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>345,193.26</u>

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

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).

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

Cash Equivalents and Outstanding Debts

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

*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 <u>1/1/2011</u> through <u>6/30/2011</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>28</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

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)
	See Schedule A Continuation Sheets	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				0		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>26,750.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>583.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>27,333.00</u>

*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

SCHEDULE A (CONT)

Statement covers period

from 1/1/11

through 6/30/11

CALIFORNIA FORM **460**

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NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
6/9/2011	Richard W Gittings [REDACTED] San Marcos, CA 92069	IND	Owner/Consultant R. W. Consulting	\$250.00	\$250.00	
6/9/2011	Helene G Feuerstein [REDACTED] Marina Del Rey, CA 90292	IND	Housewife	\$300.00	\$300.00	
6/9/2011	Roberta Feuerstein [REDACTED] Newport Beach, CA 92663	IND	Owner Mira Mesa Shopping Center	\$300.00	\$300.00	
6/9/2011	Arnold D Feuerstein [REDACTED] Newport Beach, CA 92663	IND	Manager Mira Mesa Shopping Center	\$300.00	\$300.00	
6/9/2011	Brett S Feuerstein [REDACTED] La Jolla, CA 92037	IND	Manager Mira Mesa Shopping Center	\$300.00	\$300.00	
6/9/2011	Joye D Blount [REDACTED] San Diego, CA 92106	IND	Vice-President U.S. Bank	\$250.00	\$250.00	
6/9/2011	Pete Smith [REDACTED] San Diego, CA 92131	IND	Principal Sunrise Management	\$250.00	\$250.00	

Schedule A (Continuation Sheet) Monetary Contributions

Statement covers period

from 1/1/11

through 6/30/11

SCHEDULE A (CONT)

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NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

6/9/2011	Christine A Blair [REDACTED] San Diego, CA 92110	IND	Retired	\$100.00	\$100.00	
6/9/2011	Cody J Evans [REDACTED] San Diego, CA 92107	IND	Senior Broker South Coast Commercial	\$150.00	\$150.00	
6/9/2011	Theadore M Smith [REDACTED] San Diego, CA 92107	IND	Attorney Ted M. Smith APC	\$250.00	\$250.00	
6/9/2011	Amanda G Langer [REDACTED] Cardiff, CA 92007	IND	Owner Amanda Jones Designs	\$200.00	\$200.00	
6/9/2011	Joseph S Greenblatt [REDACTED] San Diego, CA 92120	IND	President Sunrise Management	\$250.00	\$250.00	
6/9/2011	Lawrence Crandall [REDACTED] La Jolla, CA 92037	IND	President Torry Pines Property Mgt	\$250.00	\$250.00	
6/9/2011	Harry A Nelson [REDACTED] Alpine, CA 91901	IND	Shipbuilder General Dynamics/NASSCO	\$100.00	\$100.00	

Schedule A (Continuation Sheet) Monetary Contributions

Statement covers period
 from 1/1/11
 through 6/30/11

SCHEDULE A (CONT)
 CALIFORNIA FORM **460**

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NAME OF FILER
Dianne S. Jacob

I.D. NUMBER
911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
6/9/2011	John Matty [REDACTED] Rancho Santa Fe, CA 92067	IND	Jeweler John Matty, LLC	\$500.00	\$500.00	
6/9/2011	Christopher A Pfeil [REDACTED] San Diego, CA 92101	IND	Designer West Elm	\$500.00	\$500.00	
6/9/2011	Wilmer Cooks [REDACTED] Jamul, CA 91935	IND	Property Management Hallmaric Asset Managememe	\$500.00	\$500.00	
6/20/2011	David Cohn [REDACTED] La Jolla, CA 92037	IND	Investor Self-employed	\$500.00	\$500.00	
6/3/2011	Angela C Carrillo [REDACTED] San Diego, CA 92116	IND	Community Relations Sharp Hospital	\$100.00	\$100.00	
6/3/2011	Delia E Cooley [REDACTED] Alpine, CA 91901	IND	Teacher Grossmont High School	\$150.00	\$150.00	
6/3/2011	Mary Smith [REDACTED] Alpine, CA 91901	IND	Retired	\$100.00	\$100.00	

Schedule A (Continuation Sheet) Monetary Contributions

Statement covers period
 from 1/1/11
 through 6/30/11

SCHEDULE A (CONT)
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NAME OF FILER Dianne S. Jacob					I.D. NUMBER 911529	
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

6/3/2011	George F Landt [REDACTED] San Diego, CA 92103	IND	Retired	\$100.00	\$100.00	
6/3/2011	Robert B Jackson [REDACTED] Alpine, CA 91901	IND	Retired	\$100.00	\$100.00	
6/3/2011	Anne F Norton [REDACTED] Alpine, CA 91901	IND	Retired	\$200.00	\$200.00	
6/3/2011	Greg R Fox, Jr. [REDACTED] Alpine, CA 91901	IND	Broker/Realtor Self-employed	\$100.00	\$100.00	
6/3/2011	Diane L Crandall [REDACTED] Alpine, CA 91901	IND	Administrator Alpine Mobile Home Estates	\$200.00	\$200.00	
6/3/2011	Lynn P Shipman [REDACTED] Alpine, CA 91901	IND	Oncology dermatologist Bernardo Dermatology	\$100.00	\$100.00	
6/3/2011	Lynn M Augustyn [REDACTED] Alpine, CA 91901	IND	Jewelry Designer Diamond Merchant	\$250.00	\$250.00	

Schedule A (Continuation Sheet) Monetary Contributions

Statement covers period
 from 1/1/11
 through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA FORM 460
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 I.D. NUMBER
911529

NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529	
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	

6/3/2011	Richard D Long [REDACTED] San Diego, CA 92130	IND	President Chocolate Mountain Ranch	\$100.00	\$100.00	
6/3/2011	Mary K Borchard [REDACTED] Alpine, CA 91901	IND	Retired	\$100.00	\$100.00	
6/3/2011	Tony lagmin [REDACTED] La Mesa, CA 91941	IND	Retired	\$100.00	\$100.00	
6/3/2011	Danny L Foster [REDACTED] Alpine, CA 91901	IND	Owner Jackson Foster Heating	\$200.00	\$200.00	
6/3/2011	Danny Sherlock [REDACTED] Carlsbad, CA 92009	IND	President Boys & Girls Clubs of San D	\$100.00	\$100.00	
5/26/2011	Steve Baldwin [REDACTED] San Diego, CA 92127	IND	Home Builder Baldwin & Sons	\$500.00	\$500.00	
5/19/2011	Randall Bone [REDACTED] Palm Desert, CA 92211	IND	President Sunrise Company	\$500.00	\$500.00	

**Schedule A (Continuation
Sheet) Monetary Contributions**

Statement covers period
from 1/1/11
through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**

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NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
5/16/2011	Shawn M Baldwin [REDACTED] Laguna Beach, CA 92651	IND	Partner Baldwin & Sons, LLC	\$500.00	\$500.00	
5/16/2011	Keri H Baldwin [REDACTED] Laguna Beach, CA 92651	IND	Homemaker	\$500.00	\$500.00	
5/6/2011	Thomas L Ozbirn [REDACTED] Alpine, CA 91901	IND	Border Patrol Agent US Border Patrol	\$500.00	\$500.00	
5/6/2011	Richard E Marzec [REDACTED] La Mesa, CA 91941	IND	Boarder Patrol Agent US Boarder Patrol	\$500.00	\$500.00	
4/20/2011	Theodore R Shaw [REDACTED] San Diego, CA 92107	IND	Principal Latitude 33	\$100.00	\$100.00	
4/20/2011	Michael Mc Nervey [REDACTED] Encinitas, CA 92024	IND	Senior Vice President Lowe Enterprises	\$250.00	\$250.00	
6/27/2011	Garyanne A Prince [REDACTED] La Mesa, CA 91941	IND	Retired	\$100.00	\$100.00	

Schedule A (Continuation Sheet) Monetary Contributions

SCHEDULE A (CONT)

Statement covers period
 from 1/1/11
 through 6/30/11

CALIFORNIA FORM **460**

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NAME OF FILER Dianne S. Jacob					I.D. NUMBER 911529	
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

6/9/2011	Florenza M Krnich [REDACTED] Rancho Santa Fe, CA 92067	IND	Treasurer Transitional Services Corp	\$500.00	\$500.00	
6/9/2011	Nicholas M Krnich [REDACTED] Rancho Santa Fe, CA 92067	IND	CEO Transitional Services Corp	\$500.00	\$500.00	
6/9/2011	James A Ellis [REDACTED] Alpine, CA 91901	IND	Retired	\$150.00	\$150.00	
6/3/2011	George A Connell [REDACTED] Alpine, CA 91901	IND	Retired	\$150.00	\$150.00	
6/20/2011	David W Claycomb [REDACTED] Solana Beach, CA 92075	IND	Chairman of the Board Helix Environmental Plannin	\$250.00	\$250.00	
6/3/2011	Tom Sudberry [REDACTED] San Diego, CA 92121	IND	President/CEO Sudberry Properties	\$500.00	\$500.00	
6/9/2011	Elliot Feuerstein [REDACTED] La Jolla, CA 92037	IND	Manager Mira Mesa Shopping Ctr.	\$300.00	\$300.00	

Schedule A (Continuation Sheet) Monetary Contributions

SCHEDULE A (CONT)
CALIFORNIA FORM 460

Statement covers period
 from 1/1/11
 through 6/30/11

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NAME OF FILER
Dianne S. Jacob

I.D. NUMBER
911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
6/9/2011	Diane I Feuerstein [REDACTED] La Jolla, CA 92037	IND	Housewife	\$300.00	\$300.00	
6/3/2011	Sal J Casamassima [REDACTED] Alpine, CA 91901	IND	Retired	\$150.00	\$150.00	
6/3/2011	George P Barnett, Jr. [REDACTED] Alpine, CA 91901-3694	IND	Retired	\$250.00	\$250.00	
6/9/2011	Robert B Horsman [REDACTED] San Diego, CA 92106	IND	Regional Chairman U.S. Bank	\$250.00	\$250.00	
6/15/2011	Robert D Davison [REDACTED] El Cajon, CA 92021	IND	President RD Engineering & Construct	\$250.00	\$250.00	
6/9/2011	Ashok Israni [REDACTED] La Jolla, CA 92037-1117	IND	Chairman Pacifica Companies	\$500.00	\$500.00	
6/3/2011	Margaret Easterling [REDACTED] Alpine, CA 91901	IND	Architect Self-employed	\$200.00	\$200.00	

**Schedule A (Continuation
Sheet) Monetary Contributions**

Statement covers period
from 1/1/11
through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA FORM **460**
Page **13** of **28**
I.D. NUMBER
911529

NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

4/20/2011	Ann M Haddad [REDACTED] San Diego, CA 92106	IND	Homemaker	\$500.00	\$500.00	
6/3/2011	Rita F David [REDACTED] Alpine, CA 91901	IND	Retired	\$250.00	\$250.00	
6/9/2011	L. Sue Loftin [REDACTED] Rancho Santa Fe, CA 92091	IND	Attorney The Loftin Firm, LLP	\$500.00	\$500.00	
6/3/2011	Mark R Turvey [REDACTED] El Cajon, CA 92021	IND	President Mark R. Turvey & Son	\$200.00	\$200.00	
6/3/2011	Larry Tucker [REDACTED] Newport Beach, CA 92660	IND	Real Estate Investor Grant Tucker Properties	\$250.00	\$250.00	
4/20/2011	Mark H Thompson [REDACTED] Poway, CA 92064-	IND	Managing Partner T.R.S Consultants	\$250.00	\$250.00	
4/20/2011	Eric J Lund [REDACTED] El Cajon, CA 92019	IND	VP Community Relations SD ConVis	\$250.00	\$250.00	

Schedule A (Continuation Sheet) Monetary Contributions

SCHEDULE A (CONT)
CALIFORNIA FORM 460

Statement covers period
 from 1/1/11
 through 6/30/11

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NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529	
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	

6/9/2011	James E Taylor [REDACTED] San Diego, CA 92103	IND	Senior Vice-President Sperry Van Ness	\$250.00	\$250.00	
6/3/2011	Greg Mac Neil [REDACTED] El Cajon, CA 92020-	IND	CEO Get Engineering	\$500.00	\$500.00	
5/19/2011	Robert G Dennis [REDACTED] Santee, CA 92072-	IND	President El Cajon Flying Service	\$250.00	\$250.00	
5/19/2011	Doris J McDowell [REDACTED] San Diego, CA 92120-	IND	Manager & Partner Safari Aviation	\$250.00	\$250.00	
6/9/2011	John R Blair [REDACTED] San Diego, CA 92110-	IND	Retired	\$150.00	\$150.00	
6/9/2011	Victoria F Wright [REDACTED] Rancho Santa Fe, CA 92127	IND	Retired	\$500.00	\$500.00	
6/3/2011	Patricia A Cannon [REDACTED] Alpine, CA 91903-	IND	President/CEO Alpine Chamber Of Commer	\$100.00	\$100.00	

Schedule A (Continuation Sheet) Monetary Contributions

Statement covers period
 from 1/1/11
 through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA FORM 460
 Page **15** of **28**
 I.D. NUMBER
911529

NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529	
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	

6/3/2011	Ross C Provence [REDACTED] Alpine, CA 91901-	IND	Attorney Self-employed	\$125.00	\$125.00	
5/19/2011	Cynthia De Gruchy [REDACTED] La Mesa, CA 91942-	IND	General Manager San Diego Aircraft	\$250.00	\$250.00	
6/9/2011	Allan J Kuebler [REDACTED] Chula Vista, CA 91910-	IND	President Southwest Management	\$500.00	\$500.00	
6/9/2011	Arie De Jong, Jr. [REDACTED] Escondido, CA 92027	IND	Owner Hilltop Property Mgt Group	\$500.00	\$500.00	
6/9/2011	John L Baldwin [REDACTED] San Diego, CA 92107	IND	President Baldwin Pacific Corp.	\$500.00	\$500.00	
6/3/2011	Roger L Snipes [REDACTED] Alpine, CA 91901-	IND	Retired	\$200.00	\$200.00	
5/19/2011	Wayne E Breise [REDACTED] San Diego, CA 92115-	IND	Owner San Diego Aircraft	\$500.00	\$500.00	

**Schedule A (Continuation
Sheet) Monetary Contributions**

Statement covers period
from 1/1/11
through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**

Page **16** of **28**

NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
5/19/2011	Margaret C Gilman [REDACTED] La Mesa, CA 91941-	IND	Homemaker	\$500.00	\$500.00	
6/3/2011	Jim C Hobbs [REDACTED] Alpine, CA 91901-	IND	Retired	\$100.00	\$100.00	
6/9/2011	Rick Sayre [REDACTED] Alpine, CA 91901-	IND	Project Manager Progress Construction Co	\$125.00	\$125.00	
6/9/2011	Joseph M Gronotte [REDACTED] San Diego, CA 92129-4542	IND	Manager Progress Management	\$100.00	\$100.00	
5/19/2011	Richard L Essery [REDACTED] El Cajon, CA 92020-	IND	Owner Golden State Aviation	\$200.00	\$200.00	
4/29/2011	Steve South [REDACTED] Jamul, CA 91935	IND	Chief Executive Officer EDCO Disposal Corporation	\$500.00	\$500.00	
6/3/2011	Sarah J Mitchell [REDACTED] Alpine, CA 91901-	IND	Retired	\$200.00	\$200.00	

**Schedule A (Continuation
Sheet) Monetary Contributions**

Statement covers period
from 1/1/11
through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**
Page **17** of **28**
I.D. NUMBER
911529

NAME OF FILER Dianne S. Jacob						I.D. NUMBER 911529
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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

6/20/2011	Conrad T Prebys [REDACTED] San Diego, CA 92109	IND	Owner/President Progress Constr. Co. Inc.	\$500.00	\$500.00	
5/6/2011	Sheila Bhalla [REDACTED] La Mesa, CA 91941	IND	Retired	\$500.00	\$500.00	
5/23/2011	Deeann Baldwin [REDACTED] Laguna Beach, CA 92651	IND	Housewife	\$500.00	\$500.00	
5/23/2011	Alfred Baldwin [REDACTED] Laguna Beach, CA 92651	IND	Builder-Developer Baldwin Company	\$500.00	\$500.00	
6/3/2011	Patricia A Wood [REDACTED] Alpine, CA 91901-	IND	Owner Village Carpets	\$100.00	\$100.00	
6/9/2011	Bassma F Glaske [REDACTED] El Cajon, CA 92019-	IND	President Transitional Services Corp	\$200.00	\$200.00	
5/9/2011	Sandra Burr [REDACTED] San Diego, CA 92115-	IND	Vice Chairman EDCO Disposal Corporation	\$500.00	\$500.00	

**Schedule A (Continuation
Sheet) Monetary Contributions**

Statement covers period
from 1/1/11
through 6/30/11

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**

Page ~~17~~ of ~~28~~

NAME OF FILER
Dianne S. Jacob

I.D. NUMBER
911529

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
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5/9/2011	Edward Burr [REDACTED] San Diego, CA 92115-	IND	Chairman EDCO Disposal Corporation	\$500.00	\$500.00	
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TOTAL \$ 26,750.00

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>1/1/2011</u>	CALIFORNIA FORM 460
through <u>6/30/2011</u>	
Page <u>19</u> of <u>28</u>	I.D. NUMBER 911529

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								

Schedule B Summary

- (Enter (e) on Schedule E, Line 3)
- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
 - Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 - Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule B - Part 2
Loan Guarantors**

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

Statement covers period from <u>1/1/2011</u> through <u>6/30/2011</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>28</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$				0	Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1/1/2011</u> through <u>6/30/2011</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dianne S. Jacob

I.D. NUMBER
911529

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)
4/19/11	Melanie Benedetto [REDACTED] San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Enterprise Holdings	Food	186.62	186.62	186.62
6/2/11	Sarah Mitchell [REDACTED] Alpine, CA 91901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food & Beverage	150.00	150.00	150.00
6/8/11	Gary Peterson [REDACTED] La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Willis	Food & Beverage	495.65	495.65	495.65
6/8/11	Gregory Smith [REDACTED] San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Progress Management	Food & Beverage	479.11	479.11	479.11

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,311.38

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,311.38
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 1,311.38

*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**

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

SCHEDULED

Statement covers period		CALIFORNIA FORM 460
from	1/1/2011	
through	6/30/2011	Page <u>22</u> of <u>28</u>
NAME OF FILER		I.D. NUMBER
Dianne S. Jacob		911529

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/26/11	Republican Party of San Diego County [REDACTED] San Diego, CA 92121	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	2011 Lincoln-Reagan Dinner	5,000.00	5,000.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	<u>5,000.00</u>
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	<u>0</u>
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	<u>5,000.00</u>

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/2011	
through	6/30/2011	Page <u>23</u> of <u>28</u>
NAME OF FILER		I.D. NUMBER
Dianne S. Jacob		911529

SEE INSTRUCTIONS ON REVERSE

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
ND 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
AAA Imaging [REDACTED] Lemon Grove, CA 91945	LIT		720.94
Franchise Tax Board [REDACTED] Sacramento, CA 94257-0531		State Income Tax	887.21
Department of the Treasury [REDACTED] Ogden, UT 84201		Federal Income Tax	3,333.00

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

SUBTOTAL \$ 4,941.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	9,941.15
2. Unitemized payments made this period of under \$100	\$	132.54
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 \$	10,073.69

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

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/2011	
through	6/30/2011	Page <u>24</u> of <u>28</u>
		I.D. NUMBER 911529

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dianne S. Jacob

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
Republican Party of San Diego County San Diego, CA 92121	CTB		5,000.00

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

SUBTOTAL \$ 5,000.00

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

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

Statement covers period
from 1/1/2011
through 6/30/2011

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Dianne S. Jacob

911529

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
ND 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

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

SUBTOTALS \$ \$ \$ \$

Schedule F Summary

- 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 \$** 0
- 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 \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

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.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	1/1/2011	
through	6/30/2011	Page <u>26</u> of <u>28</u>
NAME OF FILER		I.D. NUMBER
Dianne S. Jacob		911529

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* 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.

Schedule H Loans Made to Others*

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

Statement covers period from <u>1/1/2011</u> through <u>6/30/2011</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>28</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Dianne S. Jacob	I.D. NUMBER 911529
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____			
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(Enter (e) on Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	1/1/2011	
through	6/30/2011	Page <u>28</u> of <u>28</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dianne S. Jacob

I.D. NUMBER

911529

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
6/30/2011	Charles Schwab & Co., Inc [REDACTED] San Diego, CA 92108	Interest Income	2,986.39

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,986.39

Schedule I Summary

1. Itemized increases to cash this period.	\$ 2,986.39
2. Unitemized increases to cash of under \$100 this period.	\$ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 2,986.39