

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

E-filed on: 10/12/2012 18:54:31

COVER PAGE

**CALIFORNIA  
FORM 460**

Page 1 of 13

For Official Use Only

<b>Statement covers period</b> <b>from</b> <u>07/01/2012</u>  <b>through</b> <u>09/30/2012</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  <u>11/06/2012</u>
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Date Stamp

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee   |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled   |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored                                       |  |
| <input type="radio"/> Small Contributor Committee                     |  |
| <input type="radio"/> Political Party/Central Committee               |  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1346793

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-441-1571

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Willie L. Pelote, Sr.

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-441-1571

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/19/2012  
Date

By Willie Pelote Sr.  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>13</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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**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 Carl DeMaio	OFFICE SOUGHT OR HELD Mayor	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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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
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*Attach continuation sheets if necessary*

**Additional Comments  
For Form 460**

ADDITIONAL COMMENTS

**CALIFORNIA FORM 460**

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NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State,  
County and Municipal Employees AFL-CIO and Affiliated Unions

I.D. NUMBER  
1346793

Additional Mailing Address: 3737 Camino Del Rio South, San Diego CA 92108

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>07/01/2012</u>	<b>CALIFORNIA FORM 460</b>
through <u>09/30/2012</u>	
Page <u>4</u> of <u>13</u>	I.D. NUMBER 1346793

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and  
Municipal Employees AFL-CIO and Affiliated Unions

## 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	\$ 308,150.00
2. Loans Received ..... Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 308,150.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 0.00	\$ 117,696.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 425,846.00

## 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	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 4,874.48	\$ 207,273.85
7. Loans Made ..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 4,874.48	\$ 207,273.85
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ -896.21	\$ 39,360.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 0.00	\$ 117,696.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 3,978.27	\$ 364,329.85

## 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	\$ 105,750.63
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	\$ 4,874.48
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 100,876.15

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).

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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## 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	\$ 39,360.00

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

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

Statement covers period  
from 07/01/2012  
through 09/30/2012

SCHEDULED  
**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions

I.D. NUMBER

1346793

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)
07/02/2012	Carl DeMaio Mayor City of San Diego Carl DeMaio for Mayor 2012	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Telephone	\$214.48	\$137,789.03	
	<input type="checkbox"/> Support <input checked="" 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					
<b>SUBTOTAL \$</b>				\$214.48		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 214.48
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 214.48

**Schedule E  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 6 of 13
NAME OF FILER		I.D. NUMBER
San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions		1346793

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions

I.D. NUMBER

1346793

**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
AT&T  Sacramento CA 95887	IND		Telephone/Carl DeMaio/Mayor of San Diego/Oppose	\$214.48
River City Business Services  Sacramento CA 95841	PRO			\$1,131.21
River City Business Services  Sacramento CA 95841	PRO			\$952.39

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

**SUBTOTAL \$** 2,298.08

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	4,874.48
2. Unitemized payments made this period of under \$100 .....	\$	0.00
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.) .....	<b>TOTAL \$</b>	<u>4,874.48</u>

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page <u>7</u> of <u>13</u>
NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions		I.D. NUMBER 1346793

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                   |
| 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
River City Business Services  Sacramento CA 95841	PRO			\$76.40
Wells Fargo Bank  Sacramento CA 95814	OFC			\$2,500.00

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

**SUBTOTAL \$** \$2,576.40

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

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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 8 of 13
NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions		I.D. NUMBER 1346793

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions

I.D. NUMBER

1346793

**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
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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
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,625.00	\$0.00	\$0.00	\$1,625.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Carl DeMaio/Mayor of San Diego/Oppose	\$1,625.00	\$0.00	\$0.00	\$1,625.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,625.00	\$0.00	\$0.00	\$1,625.00

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

<b>SUBTOTALS \$</b>	\$4,875.00 \$	\$0.00 \$	\$0.00 \$	\$4,875.00
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**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 \$** 235.00
- 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 \$** 1,131.21
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -896.21  
May be a negative number



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

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

SCHEDULE F (CONT.)

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 9 of 13

NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions	I.D. NUMBER 1346793
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**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 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
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Carl DeMaio/Mayor of San Diego/Oppose	\$1,625.00	\$0.00	\$0.00	\$1,625.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,625.00	\$0.00	\$0.00	\$1,625.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Carl DeMaio/Mayor of San Diego/Oppose	\$1,625.00	\$0.00	\$0.00	\$1,625.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,562.50	\$0.00	\$0.00	\$1,562.50
<b>SUBTOTALS \$</b>		\$6,437.50 \$	\$0.00 \$	\$0.00 \$	\$6,437.50

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

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

SCHEDULE F (CONT.)

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 10 of 13

NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions	I.D. NUMBER 1346793
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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
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UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,343.75	\$0.00	\$0.00	\$1,343.75
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Carl DeMaio/Mayor of San Diego/Oppose	\$1,343.75	\$0.00	\$0.00	\$1,343.75
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$1,156.25	\$0.00	\$0.00	\$1,156.25
<b>SUBTOTALS \$</b>		\$5,406.25	\$0.00	\$0.00	\$5,406.25

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

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

SCHEDULE F (CONT.)

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 11 of 13

NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions	I.D. NUMBER 1346793
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Carl DeMaio/Mayor of San Diego/Oppose	\$1,156.25	\$0.00	\$0.00	\$1,156.25
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support (Actual)	\$2,812.50	\$0.00	\$0.00	\$2,812.50
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support (Actual)	\$2,687.50	\$0.00	\$0.00	\$2,687.50
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support (Actual)	\$1,250.00	\$0.00	\$0.00	\$1,250.00
<b>SUBTOTALS \$</b>		<b>\$7,906.25 \$</b>	<b>\$0.00 \$</b>	<b>\$0.00 \$</b>	<b>\$7,906.25</b>

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

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

SCHEDULE F (CONT.)

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 12 of 13

NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions	I.D. NUMBER 1346793
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**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)

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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
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support (Actual)	\$3,500.00	\$0.00	\$0.00	\$3,500.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support (Actual)	\$3,500.00	\$0.00	\$0.00	\$3,500.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$3,875.00	\$0.00	\$0.00	\$3,875.00
UDW Homecare Providers Union  San Diego CA 92103	IND Canvassers/Bob Filner/Mayor of San Diego/Support	\$3,625.00	\$0.00	\$0.00	\$3,625.00
<b>SUBTOTALS \$</b>		\$14,500.00	\$0.00	\$0.00	\$14,500.00

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

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

SCHEDULE F (CONT.)

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 13 of 13

NAME OF FILER San Diegans for Retirement Security - Oppose DeMaio for Mayor 2012, sponsored by American Federation of State, County and Municipal Employees AFL-CIO and Affiliated Unions	I.D. NUMBER 1346793
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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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
River City Business Services  Sacramento CA 95841	PRO	\$1,131.21	\$0.00	\$1,131.21	\$0.00
Olson Hagel and Fishburn  Sacramento CA 95814	PRO	\$0.00	\$235.00	\$0.00	\$235.00
<b>SUBTOTALS \$</b>		\$1,131.21 \$	\$235.00 \$	\$1,131.21 \$	\$235.00