

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp

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CITY OF SANTA ROSA  
CITY CLERK

CALIFORNIA FORM **460**

Page 1 of 48

A For Official Use Only

Statement covers period  
from 07/01/2004  
through 09/30/2004

Date of Election if applicable:  
(Month, Day, Year)  
11/02/2004

## 1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1255628

COMMITTEE NAME

Friends of Noreen Evans for Assembly

STREET ADDRESS (NO. P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Rosa CA 95401 707/527-7624

STREET 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

Susan K. Gorin

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Rosa CA 95401 707/527-7624

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

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

Executed on October 4 2004  
DATE

By [REDACTED]  
TREASURER

Executed on 10/4/04  
DATE

By [REDACTED]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Ms. Noreen Evans  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 State Assembly Person, District, District 7th  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE  
 [REDACTED] Santa Rosa CA [REDACTED]

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

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

**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

COMMITTEE NAME Friends of Noreen Evans for Supervisor	I.D. NUMBER 990057
NAME OF TREASURER Susan K. Gorin	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Santa Rosa CA [REDACTED]	

**7. Primarily Formed Committee**

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

COMMITTEE NAME Friends of Noreen Evans for City Council 2000	I.D. NUMBER 1225836
NAME OF TREASURER Susan K. Gorin	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Santa Rosa CA [REDACTED]	

**Campaign Disclosure Statement  
Summary Page**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	
<b>Page</b> <u>3</u> <b>of</b> <u>48</u>	<b>I.D. NUMBER</b> 1255628

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>125,479.00</u>	\$ <u>333,976.25</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>68,600.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>125,479.00</u>	\$ <u>402,576.25</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>2,170.68</u>	<u>9,556.31</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>127,649.68</u>	\$ <u>412,132.56</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 .... \$ 215,888      0

21. Expenditures Made ..... \$ 371,930      0

**Expenditures Made**

6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>98,928.52</u>	\$ <u>322,141.37</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>98,928.52</u>	\$ <u>322,141.37</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>21,038.65</u>	<u>78,131.48</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>2,170.68</u>	<u>9,556.31</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>122,137.85</u>	\$ <u>409,829.16</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>11/02/2004</u>	<u>181,716.60</u>
<u>03/02/2004</u>	<u>358,182.28</u>
_____	_____
_____	_____
_____	_____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>16,950.62</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>125,479.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>98,928.52</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>43,501.10</u>

*If this is a Termination Statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>146,731.48</u>

**Schedule A  
Monetary Contributions Received**

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**  
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly I.D. NUMBER 1255628

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)
08/13/2004	Agua Caliente Band of Cahuilla Indians 600 East Tahquitz Canyon Way Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	2,000.00 (G04)
09/07/2004	Ms. Jan Andrews [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	1,000.00	2,786.00 Includes Non-Monetary Contribution(s)	1,000.00 (G04) 2,286.00 (P04)
09/21/2004	Ms. Marcia Anton [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	230.00	180.00 (G04) 50.00 (P04)
09/09/2004	Mr. Tony Apolloni [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University Administrator Sonoma State University	100.00	100.00	100.00 (G04) 100.00 (P04)
09/09/2004	Ms. Joseph Athey [REDACTED] Vallejo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher  Napa State Hospital	50.00	150.00	50.00 (G04) 100.00 (P04)

**SUBTOTAL \$ 2,250.00**

**Monetary Contributions Summary**

- 1. Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 122,055.00
- 2. Amount received this period - contributions of less than \$100.  
(Do not itemize.) ..... \$ 3,424.00
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 125,479.00**

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
09/09/2004	Ms. Ann Austin [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	125.00	50.00 (G04) 75.00 (P04)
09/23/2004	Mr. Arthur Azevedo [REDACTED] Modesto, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	500.00	1,000.00	500.00 (G04) 500.00 (P04)
07/09/2004	Mr. Tom Bartee [REDACTED] Vallejo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman  Self-Employed	100.00	100.00	100.00 (G04)
08/27/2004	Dr. Ernest Bates [REDACTED] San Francisco, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO/Chairman  American Shared Hospital Svc.	100.00	100.00	100.00 (G04)
09/21/2004	Ms. Helen Baum [REDACTED] Guernville, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R.N.  Sonoma County Mental Health	25.00	125.00	25.00 (G04) 140.00 (P04)
09/21/2004	Ms. Ann Baumann [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	75.00	300.00	75.00 (G04) 225.00 (P04)

**SUBTOTAL \$ 850.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>6</u> of <u>48</u>

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly I.D. NUMBER 1255628

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)
09/21/2004	Ms. Elaine Bayus [REDACTED] San Francisco, CA [REDACTED] 1005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer  Orrick, Herrington & Sutcliffe LLP	100.00	150.00	100.00 (G04) 50.00 (P04)
09/21/2004	Mr. Martin Bennett [REDACTED] Sonoma, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Instructor  SRJC	100.00	100.00	100.00 (G04) 100.00 (P04)
08/20/2004	Dr. Geni Bennetts [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	100.00	945.00	100.00 (G04) 1,345.00 (P04)
09/21/2004	Ms. Martha Bentley [REDACTED] Santa Rosa, CA [REDACTED] 1004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04) 100.00 (P04)
09/08/2004	Mrs. Barbara Biebush [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	425.00	140.00 (G04) 485.00 (P04)
09/30/2004	Ms. Virginia Blacklidge [REDACTED] Kensington, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist  Self-Employed	100.00	100.00	100.00 (G04) 100.00 (P04)

**SUBTOTAL \$** 600.00

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>7</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
07/23/2004	Ms. Moira Block [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer  Self-Employed	80.00	230.00	80.00 (G04) 150.00 (P04)
08/13/2004	Blue Shield of California, ID# 486123 50 Beale Street San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,095.00	2,095.00	2,095.00 (P04)
09/09/2004	Mrs. Sharon Boschen [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	200.00	300.00	200.00 (G04) 380.00 (P04)
09/21/2004	Ms. Sarah Brooks [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	200.00	100.00 (G04) 150.00 (P04)
07/09/2004	CA Nurses Association PAC - CNA PAC 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 780657	500.00	6,900.00	500.00 (G04) 6,400.00 (P04)
09/23/2004	Ms. Elizabeth Cabraser [REDACTED] San Francisco, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Lieff, Cabraser, Hei mann & Bernstein	3,000.00	3,000.00	3,000.00 (G04)

**SUBTOTAL \$ 4,975.00**

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**  
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
08/10/2004 09/09/2004 09/30/2004	California Association of Psychiatric Technicians, Inc. Political Action Fund 2000 O Street., Ste. 250 Sacramento, CA 95814-5286	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 882070	2,000.00 3,200.00 1,000.00	8,700.00	4,200.00 (G04) 4,500.00 (P04)
08/10/2004	California Beer & Beverage Distributors Community Affairs 1 Capitol Mall, Ste. 230 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 761487	1,000.00	1,000.00	1,000.00 (G04)
09/01/2004	California Cable & Telecommunications Association PAC-CCTA P. O. Box 11080 Oakland, CA 94611	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 745932	500.00	1,000.00	500.00 (G04) 500.00 (P04)
09/23/2004	California Chiropractic Association PAC 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 742986	1,000.00	1,000.00	1,000.00 (G04)
09/29/2004	California Credit Union League Political Action Committee 9500 Cleveland Ave., Ste. 200 Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 760225	1,500.00	2,500.00	1,500.00 (G04) 1,000.00 (P04)
08/24/2004	California Dental Pac-Small Contributor Committee CAL-PAC 1201 K St. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 742855	3,200.00	3,200.00	3,200.00 (P04)

**SUBTOTAL \$ 13,400.00**

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
09/15/2004	California Federation of Teachers COPE 2550 North Hollywood Way, Ste. 400 Burbank, CA 91505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 741857	2,500.00	8,900.00	2,500.00 (G04) 6,400.00 (P04)
07/30/2004	California Machinists Non-Partisan Political League 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 761035	500.00	500.00	500.00 (G04)
08/27/2004	California Professional Firefighters Political Action Committee 1780 Creekside Oaks, Ste. 200 Sacramento, CA 95833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 744058	1,000.00	1,000.00	1,000.00 (G04) 2,000.00 (P04)
07/30/2004	California Real Estate Political Action Committee (CREPAC) 525 S. Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 890106	3,200.00	3,200.00	3,200.00 (G04)
08/13/2004 09/23/2004	California State Council of Laborers PAC 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 902770	1,000.00 1,000.00	4,000.00	2,000.00 (G04) 2,000.00 (P04)
09/23/2004	California State Council of Service Employees COPE 1007 7th St., 4th Fl. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 831628	6,400.00	6,400.00	6,400.00 (G04)

**SUBTOTAL \$ 15,600.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>10</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
08/13/2004 09/29/2004	California State Employees Association Membership Action Committee 1108 O St. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 950799	1,500.00 3,200.00	4,700.00	3,200.00 (G04) 2,500.00 (P04)
09/23/2004	California Teachers Association/Association for Better Citizenship 1705 Murchison Dr. Burlingame, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 741941	6,400.00	6,400.00	6,400.00 (G04)
08/20/2004	Mr. James Campbell [REDACTED] Kentfield, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	500.00	500.00	500.00 (G04)
09/21/2004	Cement Masons' Local #400 Political Action Committee 810 W. Stadium Ln. Sacramento, CA 95834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1223485	250.00	250.00	250.00 (G04)
09/23/2004	Chalk Law Office 613 Fourth Ste. 204 Santa Rosa, CA 95404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (G04)
09/23/2004	Chavez & Gertler LLP 42 Miller Ave. Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	2,000.00 (G04) 2,000.00 (P04)

**SUBTOTAL \$ 14,050.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>11</u> of <u>48</u>
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/29/2004	Ms. Connie Codding [REDACTED] Rohnert Park, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Codding Foundation	100.00	200.00	100.00 (G04) 100.00 (P04)
09/08/2004	Ms. Joan Harrison Cohn [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal Dickinson, Peatman & Fogarty	50.00	125.00	50.00 (G04) 75.00 (P04)
09/23/2004	Mr. Conrad Corbett [REDACTED] San Francisco, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Office of Conrad M. Corbett	2,000.00	2,000.00	2,000.00 (G04)
07/15/2004	Mr. Robert Craig [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintner Robert Craig Winery	140.00	528.00 Includes Non-Monetary Contribution(s)	428.00 (G04) 100.00 (P04)
09/08/2004	Mr. John Davenport [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	120.00	120.00 (G04) 130.00 (P04)
08/11/2004	Mrs. Carol Ann Dean [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary A. Thiele, Inc.	100.00	165.00	100.00 (G04) 165.00 (P04)

**SUBTOTAL \$ 2,490.00**

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

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2004</u> through <u>09/30/2004</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/08/2004	Mr. Duane deLong [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner  Datacon Dental Systems	50.00	200.00	150.00 (G04) 100.00 (P04)
07/09/2004	Ms. Diane Dillon [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor  County of Napa	100.00	100.00	100.00 (P04)
09/23/2004	Mr. Michael Dimock [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Ag Innovations Network	50.00	150.00	50.00 (G04) 100.00 (P04)
09/01/2004	Ms. Jo Dorame [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	125.00	125.00 (G04)
09/21/2004	Drive Committee - Teamster Joint Council 7 250 Executive Park Blvd., #3100 San Francisco, CA 94134	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1257632	500.00	1,500.00	500.00 (G04) 1,000.00 (P04)
09/21/2004	Mr. John Dupre [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Self	100.00	200.00	100.00 (G04) 200.00 (P04)

**SUBTOTAL \$ 900.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
08/18/2004	Edvoice PAC 591 Redwood Hwy., Blvd. 4000 Mill Valley, CA 94941	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1243091	1,000.00	1,000.00	1,000.00 (G04)
07/30/2004	Mr. Volker Eisele [REDACTED] Saint Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintner Eisele Family Estates	250.00	250.00	250.00 (G04) 99.00 (P04)
09/09/2004	Mr. Theodore Eliot [REDACTED] Sonoma, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	200.00	200.00	200.00 (G04) 200.00 (P04)
09/08/2004	Ms. Kathleen Emery [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	100.00	50.00 (G04) 100.00 (P04)
09/29/2004	Engineers and Scientists of California Local 20 IFPTE, AFL-CIO & CLC 1182 Market St., Ste. 204 San Francisco, CA 94102	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 861160	100.00	100.00	100.00 (G04)
09/01/2004	Mr. Robert Evans [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	200.00	100.00 (G04) 400.00 (P04)

**SUBTOTAL \$ 1,700.00**

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

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NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	I.D. NUMBER <u>1255628</u>
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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)
09/09/2004	Faculty Association of California Community Colleges 1823 11th St. Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 841118	500.00	500.00	500.00 (P04)
09/29/2004	Faculty For Our University's Future, A Committee Sponsored by the California Faculty Association 400 Capitol Mall, Ste. 1950 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 850007	2,200.00	4,200.00	3,200.00 (G04) 1,000.00 (P04)
09/01/2004	Ms. Jean Falbo [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	175.00	100.00 (G04) 150.00 (P04)
09/29/2004	Mr. Jeremy Fietz [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer  Law Offices of Donald S. Edgar	1,000.00	1,200.00	1,000.00 (G04) 200.00 (P04)
09/21/2004	Ms. Lucille Foster [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	150.00	50.00 (G04) 125.00 (P04)
09/21/2004	Mr. Robert Freis [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04)

<b>SUBTOTAL \$</b>				3,950.00		
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/08/2004	Mr. James Gallagher [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04) 40.00 (P04)
07/09/2004 09/29/2004	Mr. Willie Garrett [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00 100.00	300.00	100.00 (G04) 300.00 (P04)
09/29/2004	Ms. Ginetta Giovinco [REDACTED] Los Angeles, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Richards, Watson & Gershon	50.00	100.00	50.00 (G04) 50.00 (P04)
09/23/2004	Mr. David Glickman [REDACTED] Beverly Hills, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Glickman & Glickman	1,000.00	1,000.00	1,000.00 (G04)
09/23/2004	Mr. Robert Gonzales [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	500.00	500.00	500.00 (G04) 100.00 (P04)
08/18/2004	Greater Anesthesia Service and Political Action Committee 1650 South Amphlett Blvd., Ste. 212 San Mateo, CA 94402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 760981	1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$ 2,850.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly I.D. NUMBER 1255628

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)
09/23/2004	Greene, Broillet, Panish & Wheeler LLP P. O. Box 2131 Santa Monica, CA 90407	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,200.00	4,200.00	3,200.00 (G04) 1,000.00 (P04)
09/30/2004	Ms. Pamela Grissom [REDACTED] Los Angeles, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  Self	250.00	250.00	250.00 (G04)
09/21/2004	Ms. Sylvia Hanley [REDACTED] Vallejo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	100.00	50.00 (G04) 50.00 (P04)
09/21/2004	Mr. Stephen Harper [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	100.00	50.00 (G04) 250.00 (P04)
09/08/2004	Harris & Muchow 585 W. College Ave. Santa Rosa, CA 95401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	400.00	200.00 (G04) 200.00 (P04)
07/15/2004	Mr. Hertzell Harrison [REDACTED] Rohnert Park, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	500.00	500.00	500.00 (G04) 500.00 (P04)

**SUBTOTAL \$ 4,150.00**

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

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09/29/2004	Mrs. Caryl Hart [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	100.00	100.00	100.00 (G04) 540.00 (P04)
07/23/2004 07/09/2004	Mr. William Hayne [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grape Grower  Self Employed	100.00 100.00	250.00	100.00 (G04) 200.00 (P04)
09/15/2004	Health Care Workers Union, SEIU Local 250 PAC 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 747285	2,700.00	3,200.00	2,700.00 (G04) 500.00 (P04)
07/30/2004 09/21/2004	Hodcarriers, Construction & General Laborers' Union Local #291 P. O. Box 4250 San Rafael, CA 94913	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 911740	250.00 250.00	500.00	500.00 (G04)
08/20/2004	Mr. Michael Honig [REDACTED] Rutherford, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Honig Vineyard Winery	250.00	250.00	250.00 (G04)
09/21/2004	Mr. William Howard [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	300.00	200.00 (G04) 100.00 (P04)

**SUBTOTAL \$ 3,850.00**

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

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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)
09/21/2004	I.A.F.F. Local 1401 Committee For a Safe Santa Rosa 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 1228510	1,500.00	1,500.00	1,500.00 (G04) 1,500.00 (P04)
09/23/2004	I.B.E.W. Educational Committee 1125 15th St., N.W. Washington, DC 20005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# C00027342	1,500.00	3,000.00	2,500.00 (G04) 1,000.00 (P04)
09/21/2004	Mr. Greg Jilka [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Employed	100.00	100.00	100.00 (G04)
08/11/2004	Joseph Phelps Vineyards, LLC P. O. Box 1031 St. Helena, CA 94574	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
09/01/2004 07/09/2004	Mr. David Katz [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Trout Unlimited	50.00 50.00	175.00	100.00 (G04) 75.00 (P04)
09/21/2004	Mr. Keith Kaulum [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	300.00	100.00 (G04) 200.00 (P04)

**SUBTOTAL \$ 3,800.00**

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

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09/23/2004	Ms. Melissa Kelley [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Self-Employed	500.00	500.00	500.00 (G04)
07/23/2004 09/21/2004	Mr. Eric Knight [REDACTED] Yountville, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Knight Fence Co.	50.00 100.00	349.00	150.00 (G04) 199.00 (P04)
09/23/2004	Kottler & Kottler 3580 Wilshire Blvd., Ste. 1400 Los Angeles, CA 90010-2501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	2,000.00 (G04)
08/27/2004	LA Turf Club, Inc. & its Affil. Ent., Bay Meadows Op. Co. 285 West Huntington Dr. Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
09/07/2004	Lanahan & Reilley LLP 3558 Round Barn Blvd., Suite 300 Santa Rosa, CA 95403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04) 3,200.00 (P04)
09/23/2004	Mr. Michael Larsen [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Employed	100.00	100.00	100.00 (G04)

**SUBTOTAL \$ 4,750.00**

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
09/29/2004	Law Office of Donald S. Edgar, Esq. 408 College Ave. Santa Rosa, CA 95401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,216.00 Includes Non-Monetary Contribution(s)	1,216.00 (G04) 1,000.00 (P04)
09/08/2004	Law Office of Hugh N. Helm III 50 Santa Rosa Ave., 4th Fl. Santa Rosa, CA 95404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
09/08/2004	Law Office of Joshua Katz 700 College Ave. Santa Rosa, CA 95404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	100.00 (G04) 100.00 (P04)
09/01/2004	Law Offices of Virdeh & Virdeh 50 Old Court House Sq., Ste, 301 Santa Rosa, CA 95404-4923	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (G04) 400.00 (P04)
09/30/2004	Lawless & Lawless 180 Montgomery St., Ste. 2000 San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
09/29/2004	Friends of Jim Leddy P. O. Box 513 Santa Rosa, CA 95402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1250574	250.00	250.00	250.00 (G04)

**SUBTOTAL \$ 3,050.00**

**Schedule A (Continuation Sheet)  
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Statement covers period  
from 07/01/2004  
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
07/09/2004	Ms. Carlee Leftwich [REDACTED] Yountville, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	195.00	195.00 (P04)
09/21/2004	Mr. Stephan Leonoudakis [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	200.00	200.00	200.00 (G04)
07/23/2004	Lieberstein Support Committee P. O. Box 10933 Napa, CA 94581	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 971697	40.00	135.00	40.00 (G04) 95.00 (P04)
09/21/2004	Ms. Nancy LoDolce [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	100.00	100.00	100.00 (G04) 100.00 (P04)
07/23/2004 09/08/2004	Mr. Malcolm Mackenzie [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	80.00 100.00	180.00	180.00 (G04)
09/08/2004	Mr. Ronald Marley [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Marley Construction	100.00	100.00	100.00 (G04) 100.00 (P04)

**SUBTOTAL \$ 720.00**

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

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/21/2004 07/09/2004	Mr. Rich Martinez Vallejo, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Amerisource Bergon	100.00 50.00	150.00	150.00 (G04)
07/23/2004	Mr. Peter Mc Crea St. Helena, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winery Owner Strong Hill Vineyards	500.00	500.00	500.00 (G04)
09/23/2004	Mr. Rick Meechan Santa Rosa, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Meechan, Wootton and Weinberger	1,700.00	2,000.00	1,700.00 (G04) 730.00 (P04)
07/15/2004	Ms. Eva Mikalson Santa Rosa, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	100.00 (G04)
09/30/2004	Mr. Pete Mogannam Santa Rosa, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Self-Employed	200.00	200.00	200.00 (G04) 500.00 (P04)
09/21/2004	Ms. Jan Montgomery Santa Barbara, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	200.00	100.00 (G04) 100.00 (P04)

**SUBTOTAL \$ 2,750.00**

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

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/08/2004	Ms. Kathleen Myers [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintner  Heintz Wine Cellars	25.00	125.00	25.00 (G04) 100.00 (P04)
09/01/2004 09/29/2004	Dr. Stephanie Nacouzi [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self	25.00 50.00	100.00	100.00 (G04) 60.00 (P04)
07/30/2004	Napa Wine Estates, LLC 1776 Second St. Napa, CA 94559	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P04)
09/01/2004	Napa-Solano Building Trades Council, AFL-CIO 404 Nebraska St. Vallejo, CA 94590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 941707	200.00	300.00	300.00 (G04)
09/08/2004	National Association of Social Workers Calif Political Asction for Candidate Election 1016 23rd St. Sacramento, CA 95816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 822532	300.00	300.00	300.00 (G04)
07/30/2004 09/29/2004	Northern California Carpenters Regional Council Small Contributor Committee 448 Hegenberger Road Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 972104	2,000.00 4,000.00	6,000.00	4,000.00 (G04) 2,000.00 (P04)
<b>SUBTOTAL \$</b>				6,750.00		

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

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NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	I.D. NUMBER <u>1255628</u>
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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)
09/09/2004	Ms. Maureen Olson [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04) 250.00 (P04)
09/08/2004 07/09/2004	Mr. Rudolph Oppenheimer [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	75.00 50.00	200.00	125.00 (G04) 175.00 (P04)
09/23/2004	Ms. Julia Parranto [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	1,000.00	1,000.00	1,000.00 (G04)
07/30/2004	Mr. Anthony Pearsall [REDACTED] Vallejo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member Vallejo	100.00	299.00	299.00 (P04)
08/27/2004	Political Action for Classified Employees of California School Employees 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 761128	400.00	12,400.00	6,000.00 (G04) 6,400.00 (P04)
07/09/2004	Mr. Merton Preston [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	150.00	50.00 (G04) 100.00 (P04)

<b>SUBTOTAL \$</b>	<b>1,775.00</b>
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	I.D. NUMBER <u>1255628</u>
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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)
08/13/2004	Professional Engineers in California Government PAC - PECG PAC 660 J St., Ste. 445 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 822501	1,000.00	7,400.00 Includes Non-Monetary Contribution(s)	1,000.00 (G04) 6,400.00 (P04)
09/21/2004	Ms. Jymmey Purtil ██████████ Sebastopol, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	100.00	200.00	100.00 (G04) 100.00 (P04)
07/09/2004	Ms. Laurie Puzo ██████████ Napa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative California Senate	100.00	100.00	100.00 (P04)
09/29/2004	Mr. Charles Richard ██████████ Windsor, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	400.00	100.00 (G04) 400.00 (P04)
09/08/2004	Mr. L. Willard Richards ██████████ Santa Rosa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chemist  Sonoma Technology, Inc.	150.00	300.00	300.00 (G04)
08/20/2004	Ms. Barbara Rivard ██████████ Santa Rosa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04)
<b>SUBTOTAL \$</b>				<b>1,550.00</b>		

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

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NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	I.D. NUMBER <u>1255628</u>
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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)
09/09/2004	Mr. Lawrence Robinson [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist  Self	200.00	500.00	200.00 (G04) 550.00 (P04)
09/21/2004	Ronald P. Perotti Attorney At Law 50 Old Court House Sq., Ste. 312 Santa Rosa, CA 95404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (G04)
09/09/2004	Ms. Verna Ruvalcaba [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	100.00	50.00 (G04) 100.00 (P04)
07/15/2004 09/01/2004	Mr. Donald Sanders [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00 100.00	550.00	200.00 (G04) 800.00 (P04)
09/29/2004	Mr. William Savidge [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker  Coldwell Banker Commercial	100.00	100.00	100.00 (G04)
09/23/2004	Mr. Michael Sawyer [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurseryman  Cottage Gardens	100.00	100.00	100.00 (G04) 100.00 (P04)

<b>SUBTOTAL \$</b>	1,050.00	
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
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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)
09/23/2004	Schneider & Wallace 180 Montgomery St., Ste. 2000 San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	1,500.00 (G04)
08/11/2004	Ms. Bonnie Schoch [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Stag's Leap Winery Cellars	100.00	100.00	300.00 (P04)
09/23/2004	Mr. Michael Scranton [REDACTED] Walnut Creek, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Scranton Law Firm	2,000.00	2,000.00	2,000.00 (G04)
09/08/2004 07/09/2004	Mr. William Searcy [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00 25.00	100.00	50.00 (G04) 50.00 (P04)
07/23/2004	SEIU Local #614 Candidate Account 1810 Jefferson St. Napa, CA 94559	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1240118	400.00	400.00	400.00 (G04)
09/01/2004	SEIU Local 707/SCOPE Committee on Political Education 613 - 4th St., Ste. 206 Santa Rosa, CA 95404	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 781947	500.00	500.00	500.00 (G04)

<b>SUBTOTAL \$</b>	4,575.00
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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09/29/2004	Sheet Metal Workers' Local Union 104 Political Committee 2610 Crow Canyon Rd., Ste. 300 San Ramon, CA 94583-1547	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 850381	1,000.00	2,000.00	2,000.00 (G04)
07/09/2004	Ms. Virginia Simms [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	225.00	50.00 (G04) 275.00 (P04)
07/30/2004	Mr. Eric Sklar [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner  Self-Employed	100.00	100.00	100.00 (G04) 120.95 (P04)
09/23/2004	Mr. Daniel Smith [REDACTED] Kentfield, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	2,000.00	2,000.00	2,000.00 (G04)
09/21/2004	Mr. William Smith [REDACTED] Healdsburg, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	100.00	200.00	100.00 (G04) 200.00 (P04)
09/08/2004	Ms. Madeleine Sone [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer  Self	25.00	120.00	70.00 (G04) 125.00 (P04)
<b>SUBTOTAL \$</b>				3,325.00		

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**  
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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)
09/09/2004	Sonoma Mendocino Lake Counties Building and Construction Trades Council PAC 1700 C Corby Ave. Santa Rosa, CA 95407	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 882503	500.00	1,000.00	500.00 (G04) 500.00 (P04)
08/27/2004	Spottswode Vineyard 1902 Madrona Ave. St. Helena, CA 94574	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (G04)
07/30/2004	Stanly Ranch Vineyards, LLC 1776 Second St. Napa, CA 94559	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P04)
07/15/2004	Ms. Donna Steiger [REDACTED] Yountville, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Town Council  Yountville	100.00	125.00	100.00 (G04) 25.00 (P04)
09/08/2004	Mr. Bruce Stephen [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	35.00	105.00	35.00 (G04) 160.00 (P04)
09/30/2004	Ms. Nancy Stephens [REDACTED] Los Angeles, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actress  Self-Employed	100.00	200.00	100.00 (G04) 100.00 (P04)

**SUBTOTAL \$ 935.00**

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

Statement covers period from <u>07/01/2004</u> through <u>09/30/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>30</u> of <u>48</u>	I.D. NUMBER  1255628

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/08/2004	Mr. Leonard Swenson [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	75.00	175.00	75.00 (G04) 300.00 (P04)
09/29/2004	Mr. David Thatcher [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04)
09/30/2004	The California List 726 South Figueroa, Ste. 3200 Los Angeles, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1243922	1,000.00	3,136.86 Includes Non-Monetary Contribution(s)	2,336.00 (G04) 2,042.80 (P04)
09/07/2004	The Carquinez Democrat Club P. O. Box 1814 Benicia, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1236231	2,000.00	2,000.00	2,000.00 (G04)
09/30/2004	Helen Thomson for Supervisor 555 Capitol Mall., Ste. 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1239967	100.00	100.00	100.00 (G04)
09/08/2004	Ms. Pamela Torliatt [REDACTED] Petaluma, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed  Merecian Commercial Inc.	100.00	150.00	100.00 (G04) 150.00 (P04)

**SUBTOTAL \$ 3,375.00**

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

SCHEDULE A (cont.)

Statement covers period  
 from 07/01/2004  
 through 09/30/2004

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER

1255628

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)
07/23/2004	Ms. Evelyn Trevethan ██████████ Napa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	170.00	100.00 (G04) 70.00 (P04)
09/21/2004	Ms. Ella Trussell ██████████ Santa Rosa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04) 50.00 (P04)
09/23/2004	U. A. Local 38 Cope Fund 1621 Market St. San Francisco, CA 94103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 746875	1,500.00	2,000.00	1,500.00 (G04) 500.00 (P04)
08/31/2004	United Assoc of the Journeymen & Apprentices of the Plumbing & Pipefitting Ind. Local #343 PAC 401 Nebraska St. Vallejo, CA 94590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 862309	1,000.00	1,000.00	1,000.00 (G04)
09/21/2004	United Food and Commercial Workers Region 8 States Council Political Education Fund P. O. Box 5158 Buena Park, CA 90622	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 910874	500.00	1,000.00	500.00 (G04) 500.00 (P04)
07/23/2004	Ms. Nan Vaaler ██████████ Napa, CA ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	40.00	175.00	40.00 (G04) 235.00 (P04)

**SUBTOTAL \$** 3,240.00

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	
Page <u>32</u> of <u>48</u>	
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/30/2004	Vallejo Firefighters Local No. 1186 445 Nebraska St. Vallejo, CA 94590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 930003	1,000.00	2,000.00	1,000.00 (G04) 1,000.00 (P04)
09/23/2004	Verboon, Milstein & Peter, LLP 2800 Donald Douglas Loop North Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	3,000.00 (G04)
07/30/2004 09/23/2004	Mr. Michael Wall [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	300.00 95.00	395.00	395.00 (G04) 100.00 (P04)
09/09/2004	Mr. Warren Watkins [REDACTED] Healdsburg, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Investor	500.00	2,000.00	500.00 (G04) 2,500.00 (P04)
07/23/2004	Ms. Margaret Watson [REDACTED] St. Helena, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	225.00	50.00 (G04) 225.00 (P04)
09/09/2004 07/09/2004	Ms. Lynn Weitzenberg [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00 100.00	250.00	200.00 (G04) 50.00 (P04)

**SUBTOTAL \$ 5,145.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>33</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/08/2004	Mr. Paterson Wiman [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	100.00 (G04)
09/30/2004	Ms. Mimi Wolfen [REDACTED] Pacific Palisades, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  Self	100.00	100.00	100.00 (G04)
07/15/2004	Women's Political Committee 601 South Figueroa St., 41st Fl. Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 770995	3,200.00	3,200.00	3,200.00 (G04) 3,200.00 (P04)
09/08/2004	Mr. Adolph Wood [REDACTED] Sebastopol, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	50.00	100.00	50.00 (G04) 100.00 (P04)
09/23/2004	Mr. Richens Wootton [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self  Attorney	100.00	100.00	100.00 (G04) 99.00 (P04)
09/21/2004	Ms. Denoya Wyatt [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	375.00	300.00 (G04) 175.00 (P04)

<b>SUBTOTAL \$</b>	3,650.00
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**Schedule B - Part I  
Loans Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u> through <u>09/30/2004</u>	
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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly I.D. NUMBER 1255628

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
Noreen M. Evans 539 Benton Santa Rosa, CA 95404  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Lanahan & Reilley LLP	\$ <u>3,600</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3,600</u>  12/31/2050 DATE DUE	%10.000 RATE \$ <u>0</u>	\$ <u>3,600</u>  06/30/2003 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>68,600</u> P04
Noreen M. Evans (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>50,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>50,000</u>  12/31/2050 DATE DUE	%10.000 RATE \$ <u>0</u>	\$ <u>50,000</u>  09/30/2003 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>68,600</u> P04
Noreen M. Evans (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>15,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>15,000</u>  12/31/2050 DATE DUE	%10.000 RATE \$ <u>0</u>	\$ <u>15,000</u>  12/31/2003 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>68,600</u> P04

**SUBTOTAL \$ 0.00 \$ 0.00 \$ 68,600.00 \$ 0.00**

**Schedule B Summary**

- 1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus initemized loans less than \$100.)
- 2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule C  
Non-Monetary Contributions Received**

Statement covers period

from 07/01/2004

through 09/30/2004

**CALIFORNIA FORM 460**

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NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

I.D. NUMBER  
1255628

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	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/30/2004	Mr. Steven Benjamin [REDACTED] Santa Rosa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager  IBEW #551	Office Supplies	135.45	385.45 Includes Monetary Contribution(s)	135.45 (G04) 450.00 (P04) Includes Monetary Contribution(s)
09/30/2004	California Democratic Party 1401 21st. St. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 741666	Fax mailer	109.23	298.05	298.05 (G04)
09/30/2004	Mr. Robert Craig [REDACTED] Napa, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintner  Robert Craig Winery	Case of Chardonnay	288.00	528.00 Includes Monetary Contribution(s)	428.00 (G04) 100.00 (P04) Includes Monetary Contribution(s)
09/30/2004	Law Office of Donald S. Edgar, Esq. 408 College Ave. Santa Rosa, CA 95401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Case of Pinot Noir	216.00	2,216.00 Includes Monetary Contribution(s)	1,216.00 (G04) 1,000.00 (P04) Includes Monetary Contribution(s)
09/15/2004 09/17/2004 09/20/2004 09/22/2004	The California List 726 South Figueroa, Ste. 3200 Los Angeles, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1243922	Inkind Mailing Inkind Mailing Inkind Mailing Inkind Mailing	331.50 331.50 331.50 331.50	3,136.86 Includes Monetary Contribution(s)	2,336.00 (G04) 2,042.80 (P04) Includes Monetary Contribution(s)

**SUBTOTAL \$ 2,074.68**

**Non-Monetary Contributions Summary**

- Amount received this period - non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 2,074.68
- Amount received this period - non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 96.00
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... **TOTAL \$ 2,170.68**

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

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**  
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1255628

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/03/2004	Barbara Boxer State Senator, District CA, Federal	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		100.00	100.00	100.00 (G04)
09/28/2004	Carolyn Banuelos City Council Member, District , Santa Rosa	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Three bottles Wild Hog Pinot Noir	33.75	133.75	133.75 (G04)
08/02/2004	Napa Solano Building Trades Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		100.00	100.00	100.00 (G04)
<b>SUBTOTAL \$</b>				233.75		

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 1,333.75
2. Contribution and independent expenditures made this period of under \$100 ..... \$ 193.75
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 1,527.50

Schedule D (Continuation Sheet)  
 Summary of Expenditures  
 Supporting/Opposing Other  
 Candidates, Measures and Committees

SCHEDULE D (CONT.)

Statement covers period from <u>07/01/2004</u> through <u>09/30/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>37</u> of <u>48</u>	I.D. NUMBER <u>1255628</u>

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

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)
09/03/2004	Solano County Democratic Central Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	1,000.00 (G04)
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/03/2004	United Democrats of Vallejo, Benicia & American Canyon	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00 (G04)
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				1,100.00		

**Schedule E  
Payments Made**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>38</u> of <u>48</u>
NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
I.D. NUMBER <u>1255628</u>	

**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 (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	Autumn Press 1280 65th St. Emeryville, CA 94608	LIT	
Barnes Mosher Whitehurst Lauter & Partners 660 Mission Street 2nd Fl. San Francisco, CA 94105	CNS PHO LIT POS	5,035.69 2,906.50 39,374.73 13,720.00	61,036.92
Mr. Steve Benjamin 5458 Hall Rd. Santa Rosa, CA 95401	MTG		559.96
<b>SUBTOTAL</b>			<b>\$ 62,252.66</b>

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ 98,245.09
2. Unitemized payments made this period of under \$100. ....	\$ 683.43
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) .....	\$ 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>	<b>\$ 98,928.52</b>

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>39</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Mr. Nick Caston 525 Humboldt St., #3 Santa Rosa, CA 95404	MTG	813.38	2,547.38
	POS	184.00	
	CNS	1,550.00	
Peggy Coulombe 43 Fairlie Dr Santa Rosa, CA 95403	PRO		1,409.60
Ms. Connie Emerson 4465 G St. Sacramento, CA 95814	CNS	7,500.00	7,944.24
	FND	444.24	
Noreen Evans 539 Benton Santa Rosa, CA 95404	MTG		114.17

**SUBTOTAL \$ 12,015.39**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	<b>Page 40 of 48</b>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Mr. Joel Evans-Pudem 539 Benton Santa Rosa, CA 95404	CNS		588.50
Firefighters Print & Design 1780 Creeksode Oaks Dr. Sacramento, CA 95833	LIT		479.90
Friends of Barbara Boxer P. O. Box 641751 Los Angeles, CA 90064 ID# C00279315	CTB		100.00
Amber Hamann 805 College Ave Santa Rosa, CA 95404	FND MTG CNS OFC	452.70 727.99 9,000.00 437.42	10,618.11

**SUBTOTAL \$ 11,786.51**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>41</u> of <u>48</u>
NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
I.D. NUMBER <u>1255628</u>	

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Humboldt Street Partners 3471 Regional Parkway Santa Rosa, CA 95403	OFC		1,260.00
Kinko's Copies 700 - 3rd St. Santa Rosa, CA 95404	LIT		400.00
Land Trust of Napa County 1040 Main St., Ste. 203 Napa, CA 94559	CVC		130.00
Napa County Registrar of Voters P. O. Box 298 Napa, CA 94559	FIL		1,070.00

**SUBTOTAL \$ 2,860.00**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>42</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Napa Solano Building Trades Council 2540 Watney Way Fairfield, CA 94533 ID# 941707	CTB		100.00
Santa Rosa Printing 575 Ross St. Santa Rosa, CA 95404	LIT		685.85
SBC California SBC Payment Center Sacramento, CA 95887	OFC		470.52
Solano County Democratic Central Committee 733 Valle Vista Ave. Vallejo, CA 94590 ID# 742472	CTB		1,000.00

**SUBTOTAL \$ 2,256.37**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	<b>Page</b> <u>43</u> <b>of</b> <u>48</u>
NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
I.D. NUMBER <u>1255628</u>	

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Solano County Registrar of Voters 510 Clay St Fairfield, CA 94533	FIL		2,116.88
Sutton & Partners 731 Sansome St., 5th Fl. San Francisco, CA 94111	PRO		1,429.19
United Democrats of Vallejo, Benicia & American Canyon P. O. Box 7126 Vallejo, CA 94590 ID# 123456	CTB		100.00
United Mileage Plus P. O. Box 94014 Palatine, IL 60094		See below for Credit Card Payees	953.89

**SUBTOTAL \$ 4,599.96**

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>44</u> of <u>48</u>
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
United Mileage Plus (continued)  Amber House B & B Inn 1315-22nd St. Sacramento, CA 95816	MTG	340.53	
USPO 110 2nd St. Santa Rosa, CA 95404	POS		444.00
Vallejo Symphony P. O. Box 568 Vallejo, CA 94590	CVC		250.00
Varoga and Rice 2909 McClure St. Oakland, CA 95407	CNS		1,780.20

**SUBTOTAL \$ 2,474.20**

Schedule F  
Accrued Expenses (Unpaid Bills)

Statement covers period from <u>07/01/2004</u> through <u>09/30/2004</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>45</u> of <u>48</u>
NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
I.D. NUMBER <u>1255628</u>	

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR 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
Barnes Mosher Whitehurst Lauter & Partners 660 Mission Street 2nd Fl. San Francisco, CA 94105	CNS, LIT, POS, PHO	35,446.01	84,258.87	61,036.92	58,667.96
Mr. Rick Theis 11190 Peaks Pike Rd. Sebastopol, CA 95472	FND	100.00	0.00	0.00	100.00
Noreen Evans 539 Benton Santa Rosa, CA 95404	MTG	5,400.71	114.17	114.17	5,400.71
<b>SUBTOTALS \$</b>		<b>40,946.72</b>	<b>\$ 84,373.04</b>	<b>\$ 61,151.09</b>	<b>\$ 64,168.67</b>

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTAL** ... \$ 86,353.02
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTAL** ... \$ 65,314.37
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** ... \$ 21,038.65

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

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>07/01/2004</u>	
through <u>09/30/2004</u>	Page <u>46</u> of <u>48</u>
NAME OF FILER <u>Ms. Noreen Evans, Friends of Noreen Evans for Assembly</u>	
I.D. NUMBER <u>1255628</u>	

**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/balot fees                                   | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR 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
StateCrafft 8618 Nottingham Pl. La Jolla, CA 92037	OFC	500.00	0.00	0.00	500.00
Sutton & Partners 731 Sansome St., 5th Fl. San Francisco, CA 94111	PRO	12,196.93	1,125.62	1,429.19	11,893.36
United Mileage Plus P. O. Box 94014 Palatine, IL 60094	See, Schedule E for Credit Card Payees	449.18	574.16	953.89	69.45
Varoga and Rice 2909 McClure St. Oakland, CA 95407	CNS	3,000.00	280.20	1,780.20	1,500.00

**SUBTOTALS \$ 16,146.11 \$ 1,979.98 \$ 4,163.28 \$ 13,962.81**

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of an Officeholder or  
Candidate)**

Statement covers period  
from 07/01/2004  
through 09/30/2004

**CALIFORNIA FORM 460**  
Page 47 of 48  
I.D. NUMBER  
1255628

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR:  
Barnes Mosher Whitehurst Lauter & Partners

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MTG meetings and appearances                  | RAD radio airtime and production costs                        |
| CNS campaign consultants  | OFC office expenses                           | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | PET petition circulating                      | SAL campaign workers salaries                                 |
| CVC civic donations   | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRT print ads                                 | VOT voter registration  |
| LIT campaign literature and mailings                              |   | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carico Smith Design 155 Sansome St. #620 San Francisco, CA 94104	LIT			2,500.00
Alonzo Environmental Printing 3266 Investment Blvd. Hayward, CA 94545	LIT			7,006.25
Siemons Mailing Services 742 Bancroft Way Berkeley, CA 94710	LIT POS			10,030.00 4,900.00
Computerized Political Services 312 Brokaw Rd. Santa Clara, CA 95050	LIT			4,143.25

**SUBTOTAL \$ 28,579.50**

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)**

Statement covers period	<b>CALIFORNIA FORM 460</b>
from 07/01/2004	
through 09/30/2004	Page 48 of 48
I.D. NUMBER 1255628	

NAME OF FILER Ms. Noreen Evans, Friends of Noreen Evans for Assembly

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Barnes Mosher Whitehurst Lauter & Partners

**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 (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Commonwealth Communications 155 Sansome St. San Francisco, CA 94104	LIT			11,251.32
Ms. Lisa Hanson 6000 La Salle Ave. Oakland, CA 94611	LIT			1,250.00
Getty Images 2450 Colorado Ave., Ste. 5000 Santa Monica, CA 90404	LIT			650.00
The Clinton Group 1350 Connecticut Ave. NW, Suite 1102 Washington, DC 20036	PHO			2,906.50

**SUBTOTAL \$ 16,057.82**