Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		ink.	Date Stamp	CALIFORNIA 460	
(Government Code Sections 5-200-64210.3)	Statement covers period from 3 18 08	Date of election if applicable: (Month, Day, Year)	in a service of the s	For Official Use Only 2: 52	
SEE INSTRUCTIONS ON REVERSE	through <u>5117/08</u>	<u> </u>	About that Di	0 1 2: 52	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Naso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Naso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	
S. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Bonnie Par STREET ADDRESS (NO P.O. BOX) 7004 Press Cott Way CITY STATE ZIP CO	833 (914) 8C8-7CC8	Treasurer(s) NAME OF TREASURER CONNIE VANCINGLE MAILING ADDRESS LHOG GRAY STAR CITY MAILING ADDRESS MAILING ADDRESS CITY CITY	STATE ZI	P CODE AREA CODE/PHONE 75758 P CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Executed on Date Executed on Date Executed on	By By	owledge the information contained herein and the state of Treasurer of Assistant Treasurer of Tr	er) or Responsible Officer of Spor sure Proponent	· · · · · · · · · · · · · · · · · · ·	

Officeholder or Candidate Controlled Committee		6.	i. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Bonne Pannell OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE
CITY COUNCIL Member (RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	City of Socramer	ito	Identify the controlling office	caholder candidate o		
	DIST 8			· · · · · · · · · · · · · · · · · · ·	state measure	oroponent, it any.
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER			W.M		
RE-Elect Bonnie Pannell NAME OF TREASURER CONNIE VANENDURG	130 1859 CONTROLLED COMMITTEE? YES □ NO	7.	. Primarily Formed Canc officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O BO	X)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
SACYAMENTO, CA 958	7	ŝ	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	ld NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	λ)					<u> </u>
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary						

Campaign	Disclosure	Statement
Summary	Page	

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE		
Statement covers period from 3 18 08	CALIFORNIA 460 FORM		
5/17/10	3 .4		

SEE INSTRUCTIONS ON REVERSE		•	through <u>5 17 108</u>	Page of
NAME OF FILER FRIENCIS of Bonnie Pannell		-		I.D. NUMBER
Contributions Received 1. Monetary Contributions	\$	\$ S	Running in Both the General Elections 1/1 20. Contributions Received \$	nmary for Candidates ne State Primary and 7/1 to Date 7/2 \$
Expenditures Made 6. Payments Made	\$ 311.78 	s <u>2509</u> s <u>2509</u> s <u>2509</u>	Candidates 22. Cumulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 2. Beginning Cash Balance	\$ \\ \frac{\psi}{\psi} \\ \s \frac{\psi}{\psi} \\ \frac{\psi}{\psi} \\ \frac{\psi}{\psi} \	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		may be different from amounts
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	<i>f</i> Y		FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period	CALIFORNIA / CO
from 3 18 08	FORM 400
through <u>517108</u>	Page of
	I.D. NUMBER
	0.00010

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Bonnie Pannell Friends 980010 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/spoisor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Sacramento River Cots Sponsorshup 190.00 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$