

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

KCRepCentral.com

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

1st Semi Annual 1/1(2/20)* to 6/30/2000

COVER PAGE

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 CALIFORNIA
 ELECTIONS

CALIFORNIA FORM **460**

Page _____ of _____

For Official Use Only

(13)

Statement covers period
 from 2/20/00
 through 6/30/00

Date of election if applicable:
 (Month, Day, Year)
Nov 7, 2000

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee
(Also Complete Part 4.)
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 5.)
- Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 6.)
- General Purpose Committee
 - Sponsored
 - Broad Based

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
770873

COMMITTEE NAME

Kern County Republican Central Committee

STREET ADDRESS (NO P.O. BOX)

4100 Truxton Ave Suite 210

CITY STATE ZIP CODE AREA CODE/PHONE

Bakersfield CA 93309 661-327-9321

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

P.O. Box 1144

CITY STATE ZIP CODE AREA CODE/PHONE

Bakersfield CA 93302 661-327-9321

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Matt Brady

MAILING ADDRESS

1675 Chester Ave Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE

Bakersfield CA 93301 661-327-9321

NAME OF ASSISTANT TREASURER, IF ANY

Kevin McCarthy

MAILING ADDRESS

P.O. Box 1144

CITY STATE ZIP CODE AREA CODE/PHONE

Bakersfield CA 93302 661-327-9321

OPTIONAL: FAX / E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page _____ of _____	

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

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

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

7. Verification

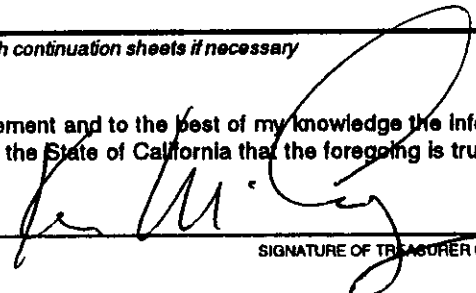
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 4/27/00 _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By  _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>2/10/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>770873</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kern County Republican Party

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>26055.27</u>	\$ <u>0</u>	\$ <u>26055.27</u>
2. Loans Received Schedule B, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>26055.27</u>	\$ <u>0</u>	\$ <u>26055.27</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>26055.27</u>	\$ <u>0</u>	\$ <u>26055.27</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>19548.17</u>	\$ <u>0</u>	\$ <u>19548.17</u>
7. Loans Made Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>19548.17</u>	\$ <u>0</u>	\$ <u>19548.17</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>19548.17</u>	\$ <u>0</u>	\$ <u>19548.17</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>7868²⁵</u>
13. Cash Receipts Column A, Line 3 above	<u>26055.27</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>19548.17</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>14375.35</u>

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>2/29/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>770873</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kern Co. Republican Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>2/29/00</u>	<u>Premie Lighting 4300 Ashland Blvd Suite 118 Bakersfield, CA 93303</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>500⁰⁰</u>	<u>500</u>	<u>500⁰⁰</u>
<u>2/29/00</u>	<u>Columbo 3211 Rio Miranda Drive Bakersfield, CA 93308</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>
<u>2/29/00</u>	<u>Jasmine Vineyards 11239 Famoso Posterville Hwy Delano, CA 93015</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>
<u>2/29/00</u>	<u>Safety Kleen P.O. Box 787 Buttonwillow, CA 93206</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>
<u>2/29/00</u>	<u>Woolgrowers Restaurant 620 East Park Street Bakersfield, CA 93305</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>

SUBTOTAL \$ 2500

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 24385.27
- Amount received this period - unitemized contributions of less than \$100 \$ 1670.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 26055.27

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>770873</u>

NAME OF FILER Kern Co. Republican Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/15/00	<u>Salter Labs 100 W. Sycamore Road Arvin, CA 93203</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		2000 ⁰⁰	2000 ⁰⁰	2000 ⁰⁰
2/21/00	<u>Wayds Flying 2813 Hays Rd Bakersfield, CA 93308</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250 ⁰⁰	250 ⁰⁰	250 ⁰⁰
2/21/00	<u>Allens on the Kern 5400 Wofford Blvd Lake Isabella, CA 93240</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250 ⁰⁰	250 ⁰⁰	250 ⁰⁰
2/21/00	<u>M. Curatan Inc 33787 Cecil Ave Delano, CA 93215</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500	500	500
2/28/00	<u>Avon Mortgage Corporation 6514 Street, Suite 100 Bakersfield, CA 93304</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500	500	500
2/29/00	<u>Coleman Homes P.O. Box 9336 Bakersfield, CA 93389</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500	500	500

SUBTOTAL \$ 4000

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>970873</u>

NAME OF FILER

KC Rep Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>2/21/00</u>	<u>Hochus Management Inc 2310 F Street Bakersfield, CA 93301</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>
<u>2/29/00</u>	<u>Burbich Longrich Hopper & King 5001 E. Commerce Center Drive Bakersfield, CA 93309</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>250</u>	<u>250</u>	<u>250</u>
<u>2/29/00</u>	<u>W21 4700 Stockdale Hwy Suite 120 Bakersfield, CA 93309</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>250</u>	<u>250</u>	<u>250</u>
<u>2/20/00</u>	<u>Porter Robertson Engineering & Surveying 1100 18th Street Bakersfield, CA 93301</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>450</u>	<u>450</u>	<u>450</u>
<u>2/20/00</u>	<u>Zoned Systems P.O. Box 1910 Tehachapi, CA 93581</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>500</u>	<u>500</u>	<u>500</u>
<u>2/28/00</u>	<u>Alfred Pulla Farms 6615 Kane way Bakersfield, CA 93307</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>180</u>	<u>180</u>	<u>180</u>
SUBTOTAL \$				<u>2130</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	2/20/00	
through	6/30/00	Page _____ of _____
NAME OF FILER		I.D. NUMBER
Kern Co. Republican Central Committee		770873

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/20/00	Physical Therapy Political Action Committee 1111 N. Fairfax Alexandria, VA 22314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		125	125	125
2/28/00	Les Sandrini Farms 29794 Schuster Road Mc Cartney CA 93250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500	500	500
2/28/00	Lamar Advertising 3101 N. Sillcock Suite 106 Bakersfield CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		125	125	125
2/20/00	Bakersfield Republican Women Federation P.O. Box 1564 Bakersfield, CA 93302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		805	805	805
2/29/00	Don Keith 3012 Buck Owens Blvd Bakersfield CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		125	125	125
2/29/00	Kern Ridge Growers LLC P.O. Box 455 Arvin, CA 93203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		100	100	100

SUBTOTAL \$ 1780

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>2/20/00</u>	through <u>6/30/00</u>	
Page _____ of _____		I.D. NUMBER <u>770873</u>

NAME OF FILER

Kern Co. Republican Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<i>2/23/00</i>	<i>Sanitation Services Company 6507 Rosedale Highway Bakersfield, CA 93301</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>1000</i>	<i>1000</i>	<i>1000</i>
<i>2/29/00</i>	<i>Committee to elect Tehachapi, CA Steve Prez 20043 Fuller way Dr 93501</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Friends of Barbara Patrick 3609 La Costa St. Bakersfield, CA 93306</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Supporters of Carl Sparks for Sherrill P.O. Box 1925 Bakersfield, CA 93303</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Jon McQuiston P.O. Box 2695 Bakersfield, CA 93303</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>250</i>	<i>250</i>	<i>250</i>
<i>2/29/00</i>	<i>Potterjohn Senate Campaign P.O. Box 8446 Fresno, CA 93747</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>180</i>	<i>180</i>	<i>180</i>

SUBTOTAL \$ *2930⁰⁰*

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER <u>Ken Co. Rep. Central Committee</u>		I.D. NUMBER <u>770873</u>

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/29/00	Ken Peterson for Supervisor Bakersfield, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
2/29/00	Tri-Star Agri-nutrics P.O. Box 707 Wasco, Ca 93280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		200	200	200
2/29/00	Haddad Dodge P.O. Box 4118 Bakersfield, CA 93384	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
2/29/00	Purlier - Arvin Vineyard P.O. Box 354 Arvin, CA 93203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500 ⁰⁰	500	500
2/29/00	3 way Chamolet P.O. Box 9609 Bakersfield, CA 93389	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
2/29/00	Karpe Real Estate 4000 Ming Ave Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500

SUBTOTAL \$ 2700 =

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>770873</u>

NAME OF FILER

Kern Co. Republican Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<i>2/29/00</i>	<i>Wheeler Development 411 N. Buffalo Dr. Las Vegas, NV 89128</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Berkhold Properties 3302 19th Street Bakersfield, CA 93305</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>250</i>	<i>250</i>	<i>250</i>
<i>2/29/00</i>	<i>Tejon Ranch P.O. Box 1000 Lemoore, CA 93243</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Berry Petroleum Company P.O. Box Taft CA 93268</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Bolton Petrol & Condon 1600 Thurston Avenue Bakersfield, CA 93301</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>500</i>	<i>500</i>	<i>500</i>
<i>2/29/00</i>	<i>Bakersfield Firefighters P.O. Box 9281 Bakersfield, CA 93309</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<i>360</i>	<i>360</i>	<i>360</i>

SUBTOTAL \$ *2610*

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER <u>Kern County Republican Central Committee</u>		I.D. NUMBER <u>770873</u>

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/29/00	Bakersfield Family Medical Center 4580 California Ave Bakersfield, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		250 125	250 125	250 125
2/29/00	Hall Ambulance Service 1001 - 21st Street Bakersfield, CA 93301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
2/29/00	Berkshire Properties, Inc 1412 - 17th Street Bakersfield, CA 93301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500 250	500 250	500 250
2/29/00	Rivernook Campground, Inc PO Box 8 Kernville, CA 93238	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
2/29/00	Cave Inc P.O. Box 857 Kernville, CA 93238	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
3/1/00	Jacquie Sullivan for City Council Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		215	215	215

SUBTOTAL \$ 2465

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>6/30/00</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>770873</u>

NAME OF FILER: Kern County Republican Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3/23/00	Gary Drilling Company 7001 Charity Ave Bakersfield, CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		500	500	500
4/14/00	California Republican Party 1403 West Myrtle Blvd Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		1109 ⁶⁶	1405 ⁶⁵	1405 1405 ⁶⁵
6/16/00	California Republican Party 1403 West Myrtle Blvd Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		351 ⁹⁸	1757 ⁶³	1757 ⁶³
6/16/00	Roy Ashburn State Assembly Committee P.O. Box 1994 Bakersfield, CA 93303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		967 ⁵⁰	967 ⁵⁰	967 ⁵⁰
6/23/00	California Republican Party 1403 West Myrtle Blvd Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		341 ¹³	2098 ⁷⁶	2098 ⁷⁶
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 3210.27

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

**Schedule E
Payments Made**

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

Statement covers period
from 2/20/00
through 6/30/00

SCHEDULE E

**CALIFORNIA
FORM 460**

Page _____ of _____

I.D. NUMBER
770873

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kein County Republican Central Committee

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | 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 |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | 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
<u>Kein County Republican Central Committee (Fed Act)</u> <u>P.O. Box 1144</u> <u>Bakersfield, CA 93302</u>	<u>TSF</u>		<u>5000⁰⁰</u>
<u>Kein County Republican Central Committee (Fed Act)</u> <u>P.O. Box 1144</u> <u>Bakersfield, CA 93302</u>	<u>TSF</u>		<u>6000⁰⁰</u>
<u>Kein County Republican Central Committee (Fed Act)</u> <u>P.O. Box 1144</u> <u>Bakersfield, CA 93302</u>	<u>TSF</u>		<u>8548¹⁷</u>

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

SUBTOTAL \$ 19548.17

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>19,548.17</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>19,548.17</u>