Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from February 20, 2011 through June 30, 2011		P3:07	COVER PAGE CALIFORNIA 460 FORM Page 1 of 4 For Official Use Only
State Candidate Election Committee Recall (Mac Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored to Complete Part 6) rimarily Formed Candidate/ fficeholder Committee too Complete Part 7)	Z. Type of Statement:	Special Suppler Stateme	ly Statement Odd-Year Report nental Preelection ant - Attach Form 495
		Treasurer(s) NAME OF TREASURER SUSANA CAMPOS MAILING ADDRESS CITY Pasadena NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	STATE ZIP COD CA 91101	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification Thave used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 2/17/2012 Executed on 2/17/2012 Executed on Date Executed on Executed on	this statement and to the best of my know that the foregoing is true and correct. By	Sophie of Maskfor or Assistant Treasurer rolling Officeholder, Cardidate, State Measure Proponent or Respu	onsible Officer of Sponsor	
Date	-	Signeture of Carltrolling Officeholder, Candidate, Stato Measure Pri	• • •	FPPC Form 450 (January/05) ine: 866/ASK-FPPC (866/275-3772) State of California

	rolled Committee	6. P	rimarily Formed Ball	or measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		N	AME OF BALLOT MEASURE				
Allen Shay			·				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)	В	ALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Pasadena City Council District 4 2	2011	_					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE ZIP						
	Pasadena, Ca 91101	_	lentify the controlling of			measure p	roponent, if a
		N.	AME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
	ed in this Statement: List any committees untrolled by you or are primarily formed to receive ehalf of your candidacy.	ō	FFICE SOUGHT OR HELD		DIS	STRICT NO. IF	- ANY
COMMITTEE NAME	I.D. NUMBER	-					
	ļ						
NAME OF TREASURER	CONTROLLED COMMITTEE?		rimarily Formed Can				
NAME OF TREASURER	CONTROLLED COMMITTEE?	0	fficeholder(s) or candidate(s) for which the	s committee is pr	imarily forme	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	1	0		s) for which the		imarily forme	
COMMITTEE ADDRESS STREET ADD	YES NO	O: N/	fficeholder(s) or candidate(s) for which the	s committee is pr	fmarily forme	ed. □ \$UPPOR
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)	o: N	fficeholder(s) or candidate(s) for which thi	OFFICE SOUGH	T OR HELD	SUPPORE SUPPORE SUPPORE OPPOSE
COMMITTEE ADDRESS STREET ADD	YES NO NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	o: N	MME OF OFFICEHOLDER OR	s) for which thi	OFFICE SOUGHT	T OR HELD	SUPPOR OPPOSE SUPPORI OPPOSE
COMMITTEE ADDRESS STREET ADD	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE LO. NUMBER CONTROLLED COMMITTEE?	NA NA	MME OF OFFICEHOLDER OR	s) for which this CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPOR: SUPPORE OPPOSE SUPPORE OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADD CITY COMMITTEE NAME NAME OF TREASURER	TYES NO NORESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE LO. NUMBER CONTROLLED COMMITTEE? YES NO	NA NA	MILE OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR	s) for which this CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORE SUPPORE SUPPORE SUPPORE SUPPORE
COMMITTEE ADDRESS STREET ADD STREET ADD STREET ADD STREET ADDRESS STREET ADD STREET ADDRESS STREET ADDRESS STRE	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE LO. NUMBER CONTROLLED COMMITTEE?	NA NA	MILE OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR AME OF OFFICEHOLDER OR	s) for which this CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR

Campaign Disclosure Statement Summary Page

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

Statement covers period from February 20, 2011

through June 30, 2011

CALIFORNIA 460

FORM

Page 3 of 5

I.D. NUMBER
1336572

SEE INSTRUCTIONS ON REVERSE		through	June 30, 2011	Page3 of
NAME OF FILER Allen Shay				I.D. NUMBER 1336572
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A. Line 3 2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C. Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00 \$ 0.00	\$ 8350.00 15000.00 \$ 15650.00 0.00 \$ 23350.00	General Elections 1/1 th 20. Contributions Received \$ 21. Expenditures Made \$	7800.00 \$ 16150.00 5508.53 \$ 13876.08
Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 3 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.00 \$ 508.53 0.00 0.00	\$ 13876.08 0.00 \$ 13876.08 0.00 0.00 \$ 13876.08		Summary for State e Expenditures Made* Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance	0.00 0.00 508.53	Io 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 filled	*Amounts in this section m reported in Column B.	\$say be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	0.00	any).	FPPC Toll-Free Helplin	FPPC Form 460 (January/05 e: 866/ASK-FPPC (866/275-3772

	Schedule A Monetary Contributions Received		e or print in ink. ts may be rounded whole dollars.	Statement cov	rers period y 20, 2011			460
SEE INSTRUCTION NAME OF FILER Allen Shay				through June	30, 2011	Page _ I.D. NUN 133657	MBER	<u>'\$</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, FNTER NAME, OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQL	TE
2/28/2011	Pasadena Fire Department Pasadena, CA	□IND □COM ☑OTH □PTY □SCC	Pasadena Fire Dept.	5100.00	5100	.00		5100.00
3/16/2011	Eddie Newman (retired)	IND COM OTH SCC	John Muir High School (retired principal)	100.00	100	.00		100.00
4/19/2011	Pasadena Fire Department Pasadena, CA	☐IND ☐COM ØOTH ☐PTY ☐SCC	Pasadena Fire Dept.	2500.00	2500	.00		2500.00
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	7700.00		4.7.4		e 7 1 (1) 12 ()
 Amount re (Include al Amount re Total mone 	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – uniternized monetary contributions etary contributions received this period.	s of less than :	\$100\$	0.00	IND- COM OTH PTY	other the Other (c Political f	at Committee nan PTY or 8 e.g., busines	SCC) s entity)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$		foll-Free Helpline		orm 460 (Ja -FPPC (866	

SCHEDULE A

		Type or print in	ink				SCHE	DULE B-PART 1
Schedule B - Part 1		ounts may be re	ounded		Statement co	vers period	CALIFORN	A 460
Loans Received		to whole dollar	'S.		from Februcia	M ZC12211	FORM	400
255 11270 1270 12 01 27 70 7					through June	30, 2011 ·	Page 5	of6
SEE INSTRUCTIONS ON RÉVERSE NAME OF FILER				l	ougn		I.D. NUMBER	
Allen Shay							1336572	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE.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 PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Allen Shay	Shay and Associates			☐ PAID				CALENDAR YEAR
Pasadena, CA 91101				\$0.0	_	O %	s 5000.00	<u>15000.00</u>
		5000.00	5000.00	FORGIVEN 5000.0		0.00		. 15000.00
TIME IND □ COM □ OTH □ PTY □ SCC	}	\$	s	\$ 3000.0	DATE DUE	ss	DATE INCURRED	\$ 10000.00
				PAID				CALENDAR YEAR
				\$	- \$	RATE %	s	\$
				FORGIVEN				PERELECTION**
T IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$FORGIVEN	_ s	RATE	\$	PERELECTION**
†□IND □COM □OTH □PTY □SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS S	5000.00	\$ 5000.0	0.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		3 m. 1 m. med 2 m. 1
Loans received this period				œ	5000.00	,		
(Total Column (b) plus unitemized loans		************************	•••••	Ф —		(tc	ontributor Codes	
Loans paid or forgiven this period				\$	5000.00) – Individual	
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that	opaid or forgiven.)					01	M – Recipient Co (other than F H – Other (e.g., l Y – Political Party	PTY or SCC) ousiness entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$ _	0.00		C - Small Contrib	
Enter the net here and on the Summar				,	(May be a negative number)	_		
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.							460 (January/05)
					FPPC	1011-Free Helplir	e: 866/ASK-FPP	C (866/275-3772)

Schedule E Payments Made	Type or print in Ink. Amounts may be rounded to whole dollars.	Statement covers period	EARLIFORNIA 46()			
SEE INSTRUCTIONS ON REVERSE		through June 30, 2011				
NAME OF FILER			1.D. NUMBER			
Allen Shay			1336572			
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Other	nerwise, describe the payment.				
CMP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production	on costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	es			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pr	oduction costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	and meals			
FND fundraising events	POL polling and survey research	TRS staff/speuse travel, lodging	g, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committee	es of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
IT compaign literature and mailings	DOT print ade	MER information technology cos	te (internet a-mail)			

LIT campaign literature and mailings	PRT print ads	, ,		WEB information techno	logy costs (internet, e-	mail)
NAME AND ADDRESS OF PAY (IF COMMITTEE, ALSO ENTER I.D. NUME		CODE O	₹	DESCRIPTION OF PAYMENT		AMOUNT PAID
Allen Shay Pasadena, CA 91101		LIT				508.53
* Payments that are contributions or independent ex	penditures must also be summ	arized on Sc	hedule D.		SUBTOTAL\$	508.53
Schedule E Summary						
1. Itemized payments made this period. (Include a	Schedule E subtotals.)				\$	508.53
2. Unitemized payments made this period of under	\$100				\$	0.00
3. Total interest paid this period on loans. (Enter a	mount from Schedule B, Part	1, Column (e	:).)	***************************************	\$	0.00
4. Total payments made this period. (Add Lines 1,						508.53

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)