Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in in	Type or print in ink.  Date Stamp  CALIFORNIA 460  FORM				
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 2/20///	Date of election if applicable: (Month, Day, Year)*11  AUG -3 A11:24  For Official Use Only  CITY CLERK				
State Candidate Election Committee	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled	2. Type of Statement:    Preelection Statement				
General Purpose Committee Sponsored Small Contributor Committee	Sponsored  Nso Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee  Nso Complete Part 7)	Supplemental Preelection   Supplemental Preelection   Statement - Attach Form 495   Amendment (Explain below)				
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  LOS HARALIA ROAD  CITY STATE ZIP C  OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE 001676-747-579	Treasurer(s)  NAME OF TREASURER  SCHW DAVID TOWCAU  MAILING ADDRESS  (I) E. CAS FLORES  CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, JE ANY  MAILING ADDRESS  H234 ANALIA ROAD  CITY STATE ZIP CODE AREA CODE/PHONE  CASTADENA CASTONIO STATE ZIP CODE AREA CODE/PHONE  ACTADENA CASTONIO STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS				
4. Verification  I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ  Executed on	ia that the foregoing is true and correct.	owledge the information contained herein and in the attached schedules is true and complete. I certify  Signature if Jeasurer & Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent  FPPC Form 460 (January/05  FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772  State of California				

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2
CALIFORNIA FORM 460
Page 2 of //

	ed Committee	· · · · · · · · · · · · · · · · · · ·	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
GANE SECULIX	1502					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION			BALLOT NO. OR LETTER	JURISDICTIO	NC	SUPPORT
11. Sun O STO BARRAY	4 USD BOARD, 20	11				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S				1		
112012211111222211222	INCLE!) 0111		Identify the controlling offi	ceholder, car	ndidate, or state measur	e proponent, if any.
4634 ALLATUA R	DAD, OLCA DENA, CA	וטוד	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT	
Related Committees Not Included			OFFICE SOUGHT OR HELD		DISTRICT N	) IE ANY
not included in this statement that are contro contributions or make expenditures on behal	illed by you or are primarily formed to rec If of your candidacy.	eive	orride doddin divinees		DISTRICT	J. 11 ANI
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	<ul> <li>Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>			
TANKE OF THE ROOKE.	☐ YES ☐ NO		officerolder(s) or candidate(s	) for which the	s committee is primarily it	ormea.
COMMITTEE ADDRESS STREET ADDRESS	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
					l .	OPPOSE
CITY STAT	TE ZIP CODE AREA CODE/PHO	DNE	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	<u> </u>
CITY STA	TE ZIP CODE AREA CODE/PHO	DNE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
		DNE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	<u> </u>
CITY STATE COMMITTEE NAME	TE ZIP CODE AREA CODE/PHO	DNE	NAME OF OFFICEHOLDER OR O		OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT
		DNE				D SUPPORT OPPOSE
		ONE		CANDIDATE		D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	ONE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	ONE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?  YES   NO	ONE .	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	LD. NUMBER  CONTROLLED COMMITTEE?  YES NO SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement, covers period from 2/20/1/ CALIFORNIA 460

through 6/30/11 Page 3 of //

I.D. NUMBER 1335625

NAME OF FILER STEUBIUSUN BOARD 2011 CHENE 133562 Column A Column B Calendar Year Summary for Candidates **Contributions Received** ALENDAR YEA Running in Both the State Primary and General Elections 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Payments Made..... Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ..... Schedule I. Line 4 from Column B of your last report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0 for this calendar year, only 17, LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \*Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0 18. Cash Equivalents ...... See instructions on reverse 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A **Monetary Contributions Received**

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

Statement covers period CALIFORNIA **FORM** 

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER BOARD GONE STEVENSON 4 PUSD 2011 1335625 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) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PER ELECTION DATE RECEIVED CONTRIBUTOR TO DATE (IF REQUIRED) CODE \* GOM OTH MAURICE MOUSE RETIRED 100 100

□scc 2/22/11 JOHNNIE MAE DOWNS 275 G. PENTAGON ACTABONN, CA-91001 PLUMBERS & SIGHM FITTENS 4950 PACO VETLDE, STE.C ALOW TOLCHIR, CA-91763 COM ATTORNO Y 100 (OO) ⊟oтн PTY Scc WIEW COM OTH PTY 250 250 □scc □сом 100 100 □отн ☐ PTY □ scc MIND

□сом

□отн PTY

UNK

650 SUBTOTAL \$

100

#### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

\$ 1,64 2. Amount received this period – unitemized monetary contributions of less than \$100 ......

3. Total monetary contributions received this period.  \*Contributor Codes

IND - Individual

100

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

### 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

NAME OF FILER I.D. NUMBER PUSD POARD CENT STOUBNEAU 4 28)11 133567

<u> </u>	= 31008103010 4 PU.	3D V/	UNICE ZOIT		10.	23 663
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)
217/11	WARY ANSECA BUSCOF 1425 NO. COS ROBLES, #8 DASABENA, CA 91104-24	GOM OTH PTY SCC	UNK	100	600	
3/1/0	L.A. ORANGE COUNTY CON- STRUCTION TRADES 1676 BEVETLLY BLUD 644 CA 40020	□IND □COM □OTH □PTY □SCC	UNION	500	500	
3/1/11	CA REAL ETHTE PAC 525 SO. UIRGIL L.A., CA GOD ZD	□IND □COM □OTH □PTY □SCC	PAC	500	500	
3/10/11	FLORALENE STEVERS 707 SO. ORANGE GROVE #, PASADONA, CA 91105	DIND COM OTH PTY SCC	UNK	100	100	
3/25/11	DEMORATIC CLUB OF PHADAM 1212 VICTORY BLUD. BURDANIC, CA 80067	☐IND ☐COM ☐OTH ☐PTY ☐SCC	P4C	250 500	<del>250</del> 500	
			SUBTOTAL	\$ 1,700		

\*Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Schedule B – Part 1 Loans Received	Type or print Amounts may b to whole do	ers period	A 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER  STOVENS	DN 4 PUSD Bi	PAR) 201	through <u>6/3</u>	0/11_	Page	of_//_
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (1) OUTSTANDI BALANCE BEGINNING PERIOD PERIOD	THIS RECEIVED THIS OR FO	(c) (d)  JNT PAID  DRGIVEN PERIOD * (d)  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
GENE STEVENSON 4234 ARALIA ROAD AZTASENA, CA 9100/ VX IND   COM   OTH   PTY   SCC	EXECUTIVE ADMINISTRATOR (RET.) , 2,58	□ PAI s	358/ 6? RGIVEN	RATE %	,Z,Z00	CALENDAR YEAR  \$ PER ELECTION**  \$
†   IND	\$	S	S DATE DUE	% RATE	\$  DATE INCURRED	SPER ELECTION **
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC	s	□ PAI  \$   FO  \$   S   S	RGIVEN S	% RATE	\$	SPER ELECTION **
	SUBTOTAL	s &	5 \$2,58107	\$ .O-		
Schedule B Summary  1. Loans received this period						rgiven or paid by y also must be Schedule A. I.
Enter the net here and on the Summary Page, Column A, Line 2.  † Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee  FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC)						

Schedule			Type or print in ink. Amounts may be rounded						SCHEDULE
Nonmonetary Contributions Received			to whole dollars.		Statement covers period from 2/20///		1	CALIFORNIA 460	
SEE INSTRUCT	IONS ON REVERSE				thro	ugh 6/30/	11_	Page	7 of//
	SE STEVENSON 4	PUSD	BOARD ZE	) []				1.D. NUMB	5625
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
2/29/1	GONE SEVENDON YZ3 Y ARACIA 12D ATTADONA, CA 91001	DIND COM OTH PTY SCC	EXECUTIVE ADMINISTRATION (NET.)	OFFICE PHONE COMNIE SUPPLIE	E, 5 7/U, 95	Z,150	6,4	50	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	ditional information on appropriately label	ed continuat	tion sheets.	SUBTO	STAL \$	6,450			
1. Amount	e C Summary received this period – nonmonetary contribut all Schedule C subtotals.)	ions of \$100 (	or more.		\$	2,150	IND-	atributor Cod Individual I – Recipient (other the	
	received this period – unitemized nonmoneta	ary contributio	ons of less than \$100		\$ _	0	— PTY	- Other - Political P	arty
<ol><li>Total nor</li></ol>	nmonetary contributions received this period.					7 (7)	{ scc	<ul><li>Small Cor</li></ul>	tributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

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

Statement covers period from 2/20 /11

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

4 PUSD BOARD 2011

1.D. NUMBER /335625

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMBR member communications  CRD campaign consultants  CMC contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FIL candidate sevents  FIL phone banks  FIL candidate sevents  FIL independent expenditure supporting/opposing others (explain)*  FIL candidate filing/position circulating  FIL phone banks  FIC polling and survey research  FIC postage, delivery and messenger services  FIR							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID				
recimal-recorder downey, ca	POC	DATA FICES	186				
DEMOCRATIC VOTERS CHOICE	PRT	CAMPAION MATERIALS/SLATE	600				
CITIZENS FOR GOOD GOVERNUENT	PRT	CHAIPAIGN MATERIALS/SCATE MAILINGS	375				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL\$ //6/							
Schedule E Summary			-/2				
1. Itemized payments made this period. (Include all Schedule E subtotals.)							
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

# Schedule E (Continuation Sheet) Payments Made

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

MBR member communications

office expenses petition circulating

phone banks

print ads

OFC PET

POL POS

meetings and appearances

polling and survey research postage, delivery and messenger services professional services (legal, accounting)

SCHEDULE E (CONT.) CALIFORNIA

I.D. NUMBER

335

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

campaign paraphernalia/misc.

civic donations candidate filing/ballot fees

fundraising events

legal defense

campaign consultants contribution (explain nonmonetary)\*

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

CMP CNS CTB CVC FIL

IND LEG

STEVENSON 4 PUSD BOARD 2011 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

radio airtime and production costs

returned contributions campaign workers' salaries

RFD SAL t.v. or cable airtime and production costs

TEL TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TRS

VOT

voter registration

, ,	TRI pilit aus	VVEB Information technology costs (inter	(internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
THE PAPEN WILL WONROVIA, CA	47	MATERIALS	960 31	
ELECTION EUMINATION	PR	CHAIDAIGN MATERIALS/SU	77E 2,785	
U.S. POSTAL SERVICES aconrovia, CA	PRT	CAMPAIGN MAILINGS	1,827.61	
MAIC. COM MONROUIA, CA	PRI	- BULK MAIL ADDRESSING/ ALGILING	350	
CENTURY SCREEN ARTS MONROUIA, CA	L17	100 YARD SIGNS	571.30	

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE E (CONT.) **CALIFORNIA** 

**FORM** 

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

4 RUSD BOARD

45WE 133.5 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP CNS campaign paraphernalia/misc. MBR member communications radio airtime and production costs returned contributions RAD campaign consultants contribution (explain nonmonetary)\* MTG meetings and appearances office expenses CTB CVC FIL OFC campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals SAL civic donations candidate filing/ballot fees PET petition circulating phone banks TEL PHO fundraising events POL POS independent expenditure supporting/opposing others (explain)\* legal defense polling and survey research TRS staff/spouse travel, lodging, and meals IND postage, delivery and messenger services professional services (legal, accounting) transfer between committees of the same candidate/sponsor VOT voter registration
WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
REDEX ALONROVIA	47	PHOTOCOPYING	17/30
CAROLE ROBERTS ACTADENA, CA 91001	FND	FUNDRAISEN SUPPLIES	120
CHERYL CONLEY ACTADENA, CA 9/001	FUD	PROFESSIONAL SERVICES	200
TRADER JOE! PASADENA, CA	FND	FUNDRAISON SUPPLIES	13861

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

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Accrued Expenses (Unpaid Bills)	to whole dollars.	ied	from 2/20	LINE NO. OF THE PARTY OF THE PA	FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER STOVENSON 4 P	· ·	A 2011	through 6/3	Page 1.D. NU (3)	MBER		
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resi POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the s	s ame candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
PLECISTRAIL-RECORDER DOWNEY, CA	FIL	0	140	0	140		
<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS S	s <del>O</del> s	140 :	0	\$ 140		
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses are if this period. (Include all S accrued expenses are if this period.)	accrued expenses under \$	\$100.)		RRED TOTALS \$ _	140		
2. Total accrued expenses paid this period. (Include all Sche	edule F, Column (c) subtot	als for payments on			-9-		

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 

May be a negative number.

Type or print in ink.

Schedule F

SCHEDULE F

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC