Recipient Committee Campaign Statement Cover Page	Type or print in		Date Stamp ECEIVED	CALIFORNIA 460
(Government Code Sections 84200-84216.5)		171	CLIVED	2001/02
(0000111110111 0000 000110118 04200-04210.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	AUG 10 A9:22	FORM Page / of 2
SEE INSTRUCTIONS ON REVERSE	through 2/19/11	03/08/2011	CITY CLERK Y OF PASADEMA	For Official Use Only
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		2000
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) 	Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain b	☐ Speci ☐ Sobora	erly Statement (1994) al Odd-Ygan Report Marial Preelection frent - Attach Form 495
○ Sponsored □ Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Made to Eri	Ka Cardenas at	to reflect payments
3. Committee Information	1336215	Treasurer(s)	V TOPLOS DU	Canadille 12)
STREET ADDRESS (NO P.O. BOX) CITY MAILING ADDRESS (IF DIFFÉRENT) NO. AND STREET OR P.O. E CITY STATE CIT	DDE AREA CODE/PHONE 3 646/577-705 DDE AREA CODE/PHONE	~		03 626/577-7053
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	By	Knowledge the information contained correct. Separate of Treasures Associated Treasures asso	d herein and in the attached so	
Date	Ву	Signature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent FPP0	FPPC Form 460 (June/01) C Toll-Free Helpline: 866/ASK-FPPC State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

460 **FORM** 5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE Identify the controlling officeholder, candidate, or state measure proponent, if any. Co. 91103 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY I.D. NUMBER 1336215 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. YES STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE ZIP CODE STATE AREA CODE/PHONE NAME OF OFFICE OLDER OR CANDIDATE OFFICE SOUGHT OR HELD 9403 SUPPORT OPPOSE MMITTEE NAME LD. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF TREASURER CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ YES ☐ NO SUPPORT OPPOSE COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

COVER PAGE PART 2

CALIFORNIA

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round	ed			SUMMARY PAG
Junillary Fage	to whole dollars.	-	Staten	nent covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER YEWES D. SMILE PONT	Parlugat	-0 (through a	2/19/11	Page of
Contributions Received 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	200	Column CALENDARY TOTAL T	ÆAR	Running in Both the General Elections 1/1 th 20. Contributions	mary for Candidates e State Primary and rough 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 4,577 ³² \$ 4,577 ³² 1,500° 1,500° 1,500° 1,500° 1,500°	s 9,52° s 9,52° 1,50° s 11,029	91/91/91/91/91/91/91/91/91/91/91/91/91/9	Expenditure Limit S Candidates 22. Cumulative (If Subject to) Date of Election (mm/dd/yy)	Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	s	To calculate Colum amounts in Column corresponding amo from Column B of y report. Some amou Column A may be r figures that should subtracted from priperiod amounts. If the first report bein for this calendar ye carry over the amo from Lines 2, 7, and any).	n A to the counts your last unts in negative be revious this is grilled ear, only sounts	J J J Since January 1, 2001. A lifferent from amounts repo	\$sssssss mounts in this section may be orted in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	s 1,500			FPPC Toll-	FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC

					SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove	ers period CA	california 460	
SEE INSTRUCTIONS ON REVERSE			through Od /	<u>19/()</u> Pa	age of	
NAME OF FILER Yaves D. Suity for	Paradona ci	to Crevil's	sesterict 1-	20() 1.D.	NUMBER 1 3 36215	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads	ns nces earch messenger services	RAD radio airtime al RFD returned contri SAL campaign worl TL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwee	nd production costs butions cers' salaries time and production of l, lodging, and meals avel, lodging, and me en committees of the	eals e same 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	
Erika Cardinas 954 N. Summit Pusadan	91104 CNS	0	2,000	1,000	1,000	
OJ Car Querrevo	SAL	~	600	100	500	
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS S	Θ	9,600:	1,100	\$ 1,500	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INCU	RRED TOTALS	, 1,6 m	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized pages.)				. PAID TOTALS :	1,100	

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

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

Monetary Contributions Received	Type or print in ink. Amounts may be rounded			•
SEE INSTRUCTION	to whole dollars.	Statemen	t covers period	SCHEDULE
SEE INSTRUCTIONS ON REVERSE		from 1/2.	3/11	CALIFORNIA 460
James D. Smith to Page 1		through 2	9/11	FORM 460
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE ALSO ENTER I.D. NUMBER)	Council Duto 1-2			I.D. NUMBER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR CONTRIBUTE IS AN INC.			1336215
Jolanda James San Ca	CODE * OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER I OF BUSINESSO.	LOYER RECEIVED THIS	CUMULATIVE TO	0
1/30/11 6329 5. Verden ave	OF BUSINESS)	PERIOD	CALENDAR YE (JAN. 1 - DEC.	
1/30/11 6329 5. Verden ave. 2/3/11 5 cost Phelps 1/30/11 Pesselen Ca. 900 49-36.	3 ✓ □ OTH □ PTY □ SCC	25, w	25-	
1117 Jour ave	GMOD Flacker			
	OTH Learning Scc Winds	99.00	980	
2/17/4 Boullon Bousseloub 1142 aemada D.	[2 HND			
Jacobers, Ca. 71103	OCOM Retein	30.00	130-w	
131/4 Scott Phelps	□scc □src			
1117 Forest and	TICOM Hack.			
2/10/11 Ramon miranoste	DOTH Learn Wash	749.96	848.96	
955 La Canada Wider	DOM Deun of motnut			
2/10/11 Ramon Miranorles 955 La Canada Wideyo K. Decarlena, Ca. 51103	DOTH West LA Communication College	1,717型	1,4776	
Schedule A Summary				
	SOBIOIA	18262172		
(Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions.			*Contributor	Code
		2621+2	IND - Individu	ral l
 Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Colur 	s of less than \$100\$	430,00		ent Committee than PTY or SCC)
Page, Colum	mp A Limite	2 5	OTH - Other PTY - Political	(e.g., business entity)
Page, Columnary Page, Columnar	mp A Line as	1 4	PTY - Politic	(e.g., business entity)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK_FPPC (2007)

Nonmon	e C netary Contributions Received		Type or print in ink. Amounts may be rounded					
	our y contributions Received		to whole dollars.		Statement covers from // 23/1/	period	CALIFOI FORI	RNIA 460
SEE INSTRUCT	TIONS ON REVERSE				through 2/19/	1	Page /	of /
James	D. Sm. H. fu Pasalar	a Cod	Count Vis	hict 1-	2011		I.D. NUMBER	215
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, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV	OF AMOUNT/ FAIR MARKET VALUE	CUMULATI DATE CALENDAR (JAN 1 - DE	VE TO YEAR	PER ELECTION TO DATE (IF REQUIRED)
2/13/1	Robin Salzan	□HND □COM □OTH □PTY □SCC	Rebins Woodfins 395 M. Rosens Jesalva C. 911	BBQ	2000	290.		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	,					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Attach addii	tional information on appropriately labele	ed continuation	on sheets.	SUBTOT	AL\$ 200			
Amount red (Include all	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.) ceived this period – unitemized nonmonetary	• • • • • • • • • • • • • • • • • • • •			\$ <u>200. w</u>	IND-Ind COM-R	utor Codes lividual ecipient Com other than P	nmittee
J. IOLAI HOHIII	nonetary contributions received this period. 1 and 2. Enter here and on the Summary F					_ OTH = 0 PTY = Po	ther (e.g., bi litical Party	ousiness entity)

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

Payments Made	Type or prin Amounts may to whole o		Statement covers from //23/1/	CALIF	FORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SERVES O. Sm. H. for Passe	dera (I) Cocer	ead A	Dished 1	through 2/19/11	Page	<u>i</u> of <u>9</u>
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (elegal defense LIT campaign literature and mailings	y describes the payment, you member commetings an OFC office exper petition circumpho polling and sexplain)*	ou may ent imunications d appearance ises lating survey resear- ivery and me	er the code. Otherw	RAD radio airtime and r RPD returned contributi SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, lo staff/spouse travel transfer between c VOT voter registration	oroduction costs ions 'salaries e and production cos odging, and meals , lodging, and meals	s ame candidate/sponsor
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD. NUMBER	E R)	CODE C	DR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Charter Com	mericaturs	OFC	Phen	e instal	beth	7999
Verizon		OFC	Ph	ne toil		316.63
= 954 N. Summit	Pasadina 41104	CNS				1,00000
* Payments that are contributions or independent expe	enditures must also be summa	arized on So	hedule D.		SUBTOTAL \$	1,39662
Schedule E Summary						,
Itemized payments made this period. (Include all sections)	Schedule E subtotals.)				\$	402434

2. Uniternized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ ____

Type or print in ink.

Schedule E

SCHEDULEE

Schedule E (Continuation Sheet) Payments Made	Type or pri Amounts may to whole o	be rounded		from	Statement covers per	CALI	SCHEDULE E (C FORNIA 46
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh <u> </u>	Page	£ 01-2
CODES: If one of the following codes accurately describes the campaign paraphernalia/misc. CNP campaign consultants ME ME ME ME ME ME ME ME ME M	cty (suncil	idestrict	1 -2	c	1.D. NUI	MBER 36215
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* PC campaign literature and mailings TRIC campaign paraphernalia/misc. ME ME ME ME CTP CAMPA ME ME ME CAMPA ME CAMPA	TG meetings are confice expension office expension circuito phone bank polling and postage, de confiction of the confict	nd appearance nses ulating s survey researd livery and medical	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pr returned contribution campaign workers' t.v. or cable airtime candidate travel, lod staff/spouse travel, transfer between co voter registration	roduction costs ons salaries and production cost ging, and meals lodging, and meals or mittees of the sammittees of the sammittees of the sammittees.	s ame candidate/spo
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C)R		information technolo	gy costs (internet,	e-mail)
01 00 000			_	DESCRIPTION	N OF PAYMENT		AMOUNT PAID

			AMIOUNT PAID
City of Pasadona	FEL	date filing	60 vc
OSCAY GWEVYELLE	SAL		100
The Castle Press			100
122 N. Fair Baks Passabua 91103	CHP		1,71776
Win-Votes with Amac 1145. Catalina Fire Bederate Head Gott	0 44 0		aí
receptifited by tothe	CN		F4975
* Payments that are contributions or independent exponditures			

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

SUBTOTAL \$ 2 62772

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