Danining On we will a				-OVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	REVEIN	Date Ctamp	FORM 460
(Government Code Sections 84200-64216.5)	Statement covers period 01/23/2011	Date of election if a dicable 20 P (Month, Day, Year)		Page 1 of 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through02/19/2011	CITY CLER March 8, 2016 TY OF PASA)ENA	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	trimarily Formed Ballot Measure committee) Controlled) Sponsored Mso Complete Part 6) trimarily Formed Candidate/ officeholder Committee Mso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☑ Amendment (Explain below) Year-to-date Expenditures Ma	Specia Supple Statem	erly Statement Il Odd-Year Report Immental Preelection Il ent - Attach Form 495 In Page 3 of the
). NUMBER 13320 51	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
CAROLYN NABER FOR CITY COUNCIL, 2011		SHARON YONASHIRO		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COL	DE AREA CODE/PHONE
		PASADENA	CA 91105	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF AN	/	
PASADENA CA 9110		CAROLYN NABER		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS	-	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
SIME ZIP CC	AREA GODEFFICIAL	PASADENA	CA 91105	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	0,1 01100	
 Verification I have used all reasonable diligence in preparing and reviewing 	this statement and to the hest of my kno	wiedge the information contained berein and in	the attached schedule	s is true and complete. I certify
under penalty of perjury under the laws of the State of Californi			,	one and damping resorm,
Executed onMarch 19, 2012	By	(30/2) 1 pp	/	
Date	•	Signature of Treasurer or Assistant Treasurer	_ /	
Executed on	BySignature of Con	trolling Officeholder, Candidate Shrie Measure Proponentor Res	consible Officer of Sponsor	
		Coming Cincollocal, Carladado, maio inducado i reportoring. Pros	on color of coparitor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure F	roponent	
Executed on	Ву			
Date	,	Signature of Controlling Officeholder, Candidate, State Measure F		FPPC Form 460 (January/05) pline: 866/ASK-FPPC (866/275-3772) State of California

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Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page ____2 ___ of ___3___

Officeholder or Candidate Cor	ntrolled Committee	6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE	E	NAME OF BALLOT MEASURE			
CAROLYN NABER					
OFFICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	SUPPORT		
PASADENA CITY COUNCIL, D	DISTRICT 6		OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CITY STATE ZIP CA 91105	identify the controlling officeholder, candidate, or state measure proponent, if any			
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
	ided in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO.	IF ANY		
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee L officeholder(s) or candidate(s) for which this committee is primarily for			
	☐ YES ☐ NO		icu.		
COMMITTEE ADDRESS STREET A					
COMMITTELADORESS	DDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE		
	DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OPPOSE SUPPORT		
CITY	·	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE		
CITY	STATE ZIP CODE AREA CODE/PHONE		OPPOSE SUPPORT		
CITY COMMITTEE NAME NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE		
COMMITTEE NAME NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT		
COMMITTEE NAME NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

 Statement covers period 01/23/2011
 CALIFORNIA 460

 from 01/23/2011
 Page 3 of 3

 through 02/19/2011
 I.D. NUMBER

 13230554

SUMMARY PAGE

CAROLYN NABER FOR CITY COUNCIL 2011 1332051 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 12,863.00 20,038.10 1. Monetary Contributions 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 12,863.00 20,038.10 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 70.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 12,863.00 20,108.10 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 27,358.37 16,763.66 Candidates 6. Payments Made Schedule E, Line 4 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 16,763.66 27,358.37 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 0.00 0.00 Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 27,358.37 16,763.66 **Current Cash Statement** 33,265.12 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 12,863.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 'Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 16,763.66 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 29,364.46 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 for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents See instructions on reverse 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)