Recipient Committee Campaign Statement Cover Page	Type or print in ink,		Date Stamp	CALIFORNIA 460
(Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from 02/20/2011 through 06/30/2011	Date of election if applicable (Month, Day, Year)	SEP -8 A9:43	Page of For Official Use Only
1. Type of Recipient Committee: All Committees  Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee  Political Party/Central Committee		2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	TY OF PASADENA  Output  Supermination)	parterly Statement ecial Odd-Year Report pplemental Preelection alement - Attach Form 495
Pasadena ch 9 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	91107 AREA CODE/PHONE	MAILING ADDRESS  CITY  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP	CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califi Executed on HII Date  Executed on Date  Executed on Date  Executed on Date	By Signaluli of Con	Wiedge the information contained her Signature of Treasurer or Assistant T violing Officeholder, Candidate, State Measure Processing of Controlling Officeholder, Candidate, State Signature of Contro	Freasurer  coneni or Responsible Officer of Sponso alle Measure Proponent alle Measure Proponent	

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Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM

NAME OF OFFICEHOLDER OR CANDIDATE  Rani   Perene		ь.	6. Primarily Formed Ballot Measure Committee  NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Pasadena city Louneil District 4			BALLOT NO, OR LETTER	LLOT NO, OR LETTER JURISDICTION		□ st □ or	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET P	esadena, CA 91107		identify the controlling of			neasure p	roponent, if an
Related Committees Not Included in thi not included in this statement that are controlled be contributions or make expenditures on behalf of you	s Statement: Ust any committees y you or are primarily formed to receive		OFFICE SOUGHT OR HELD	NDIDATE, OR P		RICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER	7.	Primarily Formed Can	didate/Offi	ceholder Comm	ittee Us	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s				ed.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. 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		SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)						1
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuat	ion sheets if neces	sary	

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE	Type or print in ink Amounts may be rounded to whole dollars.		from $2/20/4$		CALIFORNIA 460	
NAME OF FILER					I.D. NUMBER	
RANIC PERERA	1					
CODES: If one of the following codes accurately  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees  fundraising events  ND independent expenditure supporting/opposing others (exiting the campaign literature and mailings)	MBR member common meetings and office expens PET petition circuit PHO phone banks polling and strong postage, delik postage, delik period processory postage, delik period processory postage, delik period processory proce	munications Lappearances ses	RAD RED SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries I.v. or cable airtime and prod candidate travel lodging, and staff/spouse travel, lodging,	fuction costs d meals and meals s of the same candidate/sponsor	
NAME AND ADDRESS OF PAYER	R)	CODE OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID	
/ \ <del>_ / \ </del>	eA sadera, 91107	CMP, PRT FIL' LIT- POS			4,000. w	
Ranil Perera Pa	sadena CAGIRA	FND.	- Tens		600.0	
* Payments that are contributions or independent expe	enditures must also be summa	arized on Schedule D.		SU	BTOTALS 4600. W	
Schedule E Summary  1. Itemized payments made this period. (Include all	Schedule E subtotals.)				s 4600. ω	

2. Unitemized payments made this period of under \$100 ......\$ \_\_\_ 

Type or print in ink

Schedule E

SCHEDULE E

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

## Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

CALIFORNIA SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD A ATTACHED SCHEDULES; CALENDAR YEAR TOTAL TO DATE 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 8. Line 3 Ø 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 0 0 4. Nonmonetary Contributions ................................ Schedule C. Line 3 21, Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 Made **Expenditures Made** Expenditure Limit Summary for State 4600 · w Candidates 6. Payments Made ...... Schedule E. Line 4 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 (mm/dd/yy) 4600.W **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add 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 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE ....... Add Unes 12 + 13 + 14, then subtract Line 15 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 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents ...... See instructions on re 19. Outstanding Debts ...... Add Line 2 - Une 9 in Column B above FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)