Recipient Committee				
Campaign Statement	Type or print in ink.		Date Stamp	COVER PAGE
Cover Page				CALIFORNIA 460
(Government Code Sections 84200-84216.5)				FORM
	Statement covers period	Date of election if applicable:	ECEIVED	PORIVI
	from 02 20 2011	(Month, Day, Year)		Page of 4
SEE INSTRUCTIONS ON REVERSE	through 06 30 2011	03/8/2011 11	SEP -8 A9:43	For Official Use Only
1. Type of Recipient Committee: All Committees -	Complete Party 1 2 2 and 4	2 7 (2)	CITY CLERK	
	Primarily Formed Ballot Measure Committee	2. Type of Statement: ([] () () () () () () () () () (Quadadu Class
○ Recall	O Controlled	Semi-annual Statement		Quarterly Statement Special Odd-Year Report
(Also Complete Part 5)	Sponsored	Termination Statement		Supplemental Preelection
General Purpose Committee	(Also Complete Part 5)	(Also file a Form 410 Te	anniadon)	Statement - Attach Form 495
O Sponsored	Primarily Formed Candidate/	Amendment (Explain be	elow)	
Small Contributor Committee Political Party/Central Committee	Officeholder Committee (Also Complete Part 7)			
Sandar Sity/Gentlar Committee	,			
3. Committee Information	I.D. NUMBER	Transport (a)	0	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		Treasurer(s) Chit	ra tenena	_
		NAME OF TREASURER	- 01	A
Ranil Penena		AAILING ADDRESS	res Stree	J-
		Pasaden	0 64 0	1107 (686) 737-1271
STREET ADDRESS (NO P.O. BOX)	C	CITY		(4) 10 11 12 (6
2201 Dolores Street CA	91107 (626)737-127		STATE ZII	CODE AREA CODE/PHONE
Pasadona - A		NAME OF ASSISTANT TREASUR	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	07 (60) 737-127k	,		
The same case of the same same same same same same same sam	BOX	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY		
droberera@yahoo.c		CITY	STATE ZIF	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE		
		OF FORAL, PAX FE-MAIL ADDRE	:88	
1. Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	g this statement and to the best of my knowl	edge the in mation contained here	in and in the otteched	
under penalty of perjury under the laws of the State of Californi	ia that the foregoing is true and correct.		and in the attached sche	dules is true and complete. I certify
Executed on	By			
Date	o,	Signature of Treasurer or Assistant Tre	easurer	
Executed on	ву	200		
7 7 550	Signature of Controll	ing Officeholder, Candidale, State Measure Propo	nent or Responsible Officer of Sponsi	y
Executed on	8y	46		
Executed on	Sign	nature of Controlling Officeholder, Candidate, State	Measure Proponent	
Date	Sign	nature of Controlling Officeholder, Candidate, State	Measure Proponerd	
		,		FPPC Form 460 (January/05) Helpline: 866/ASK-FPPC (866/275-3772)
	:		O TON-CIBE	Melpline: 866/ASK-FPPC (866/275-3772) State of California
	•			

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM 2 01

NAME OF BALLOT MEASURE BALLOT NO, OR LETTER JURISDIC Identify the controlling officeholder, NAME OF OFFICEHOLDER, CANDIDATE, OR OFFICE SOUGHT OR HELD	candidate, or state measure	
Identify the controlling officeholder, NAME OF OFFICEHOLDER, CANDIDATE, OR	candidate, or state measure	OPPOSE
NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONENT	
		IF ANY
OFFICE SOUGHT OR HELD	DISTRICT NO.	IF ANY
7. Primarily Formed Candidate/Of officeholder(s) or candidate(s) for which	ficeholder Committee L this committee is primarily for	ist names of ned.
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
		U OFFOSE
	Officeholder(s) or candidate(s) for which NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Schedule E Payments Made	Type or print in i Amounts may be ro to whole dollar	unded	Statemen	t covers period	CALIFORNIA 460	<u></u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through	5/30/4	Page <u>3</u> of <u>4</u>	
RANIC PERERA					I.D. NUMBER	
CODES: If one of the following codes accurately descriced campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees (nudraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and surver POS postage, delivery	cations bearances	RAD radio al RFD returne SAL campai TEL t.v. or o TRC candida TRS staff/sp TSF transfer VOT voter re	irtime and production dicontributions gn workers' salaries able airtime and producte travel, lodging, and ouse travel, lodging, and the travel, lodging, are between committees.	luction costs d meals and meals s of the same candidate/spons	iar
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1	DDE OR	DESCRIPTION OF PAY	MENT	AMOUNT PAID	_
Ranil Perera 2201 DoLores Si Pasado Ranil Perera	2na, 91107 5	MP, PRT EL- os			4,000.	
201 Downes ST Yasac	dena OA 91107 F	ND.			600	. <i>o</i> —
* Payments that are contributions or independent expenditure	s must also be summarize	d on Schedule D.		SU	BTOTAL\$ 4600.	_ _w
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule)	ule E subtotals.)				s 4600. °	ે

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period from 2/20/11 CALIFORNIA 460

through 6/80/11 Page 4 of 4

I.D. NUMBER

			I.D. NUMBER
Contributions Received 1. Monetary Contributions	s <u>D</u>	Column B CALENDAM YEAR TOTAL TODATE S S S S S S S S S S S S S	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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 + 7 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	s 4600.w	\$ 4500.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$		To 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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. **FPPC Form 450 (January/05) *FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)