paign Statement  Print in ink.  Type or print in ink.  Print Page  ment Code Sections 84200-84216.5)	Date Stamp  CALIFORNIA FORM  RECEIVED
Statement covers period   Date of election if applicable: (Month, Day, Year)	*11 JAN 20 A8 S4 For Official Use Only
	CITY CLERK CITY OF PASADENT
De of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  Officeholder, Candidate Controlled Committee State Candidate Election Committee	st Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
mmittee Information I.D. NUMBER Treasurer(s)	
IMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  IN J. Baggett for PUSD School Board 2011  Yolanda Miranda MAILING ADDRESS  728 W. Edna Place	
EET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE
S. Berkeley Ave. Covina. CA 91722  Y STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASU  adena, CA 91107  LING ADDRESS (IF DIFFERENT) NO AND STREET OR PO. BOX  MAILING ADDRESS	626-915-7635 RER, IF ANY
Y STATE ZIP CODE AREA CODE/PHONE CITY	STATE ZIP CODE AREA CODE/PHONE
IONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADD	RESS
ification  We used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained he repenalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on	Treasurer  roponent or Responsible Officer of Sponsor  State Measure Proponent
Executed on By	Signature of Controlling Officeholder, Candidate,

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

Page \_2 \_\_\_\_ of \_6\_\_\_\_\_

	d Committee	6.	Primarily Formed Bal	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	*****		NAME OF BALLOT MEASURE				
Sean J. Baggett							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND Board of Education Pasadena USD	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		UPPORT PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR 262 S. Berkeley Ave. Pasadena,	•		Identify the controlling o	fficeholder, ca	andidate, or state me	easure pro	ponent, if an
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF A	ANY
COMMITTEE NAME	I.D. NUMBER						
	,	7.	Primarily Formed Car	ndidate/Offi	ceholder Commit	ttee List i	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS	YES NO				OFFICE SOUGHT OF		
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR	CANDIDATE	I OFFICE SOUGHT OF	RHELD	_
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OF		
CITY STATE  COMMITTEE NAME			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE SUPPORT
	ZIP CODE AREA CODE/PHONE			CANDIDATE		R HELD	OPPOSE  SUPPORT
	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT

## Campaign Disclosure Statement Summary Page

Sean J. Baggett for PUSD School Board 2011

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Contributions Received	Column TOTAL THIS P (FROM ATTACHED S	PERIOD	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Sumn Running in Both the General Elections	
1. Monetary Contributions Schedule A, Line 3	\$2,3	\$24.00	2,324.00		ough 6/30 7/1 to Date
2. Loans Received		0.00	0.00	1/1 (nr	ough 6/30 /// to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$2,3	\$24.00	2,324.00	20. Contributions  Received \$	\$
4. Nonmonetary Contributions		0.00	0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$2,3	324.00	2,324.00	Made \$	\$
Expenditures Made				Expenditure Limit S	ummary for State
6. Payments Made Schedule E. Line 4	\$2,2	225.00 \$	2,225.00	Candidates	
7. Loans Made Schedule H. Line 3		0.00	0.00	22. Cumulative	Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,2	225.00 \$	2,225.00		oluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	5	500.00	500.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$2,7	725.00 \$	2,725.00		\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00 To	calculate Column B, add		
13. Cash Receipts	2,3		mounts in Column A to the presponding amounts	i	
14. Miscellaneous Increases to Cash		0.00 fro	om Column B of your last	*Amounts in this section ma reported in Column B.	y be different from amounts
15. Cash Payments Column A. Line 8 above	2,2		port. Some amounts in olumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	99.00 fig	jures that should be		
If this is a termination statement. Line 16 must be zero.		pe	ubtracted from previous eriod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00 fo	e first report being filed r this calendar year, only arry over the amounts		
Cash Equivalents and Outstanding Debts		ar	om Lines 2, 7, and 9 (if ny).		
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	500.00		FPPC Toll-Free Helpline	FPPC Form 460 (January/0: 866/ASK-FPPC (866/275-37)

Schedule A			e or print in ink. ts may be rounded					
Monetary Contributions Received			whole dollars.	from01/01/3	•	california 460 FORM		
SEE INSTRUCTION	DNS ON REVERSE			through12/31/2	2010	Page	4 o	<b>f</b> 6
NAME OF FILER				L			JMBER	
Sean J. Bag	gett for PUSD School Board 2011					1333		
DATE RECEIVED			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	ECTION DATE QUIRED)
5306 N. Figuero	The Quevedo Group, LLC 5306 N. Figueroa St. Los Angeles, CA 90042	☐IND ☐COM 図OTH ☐PTY ☐SCC		2,225.00	2,2	225.00	P 11	2,225.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						1 2
	·	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL\$	2,225.00				
Amount red     (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)				IND - COM	(other t	il :nt Committe than PTY or	SCC)
3. Total mone	ceived this period – unitemized monetary contributions stary contributions received this period.				PTY-	- Political	e.g., busine Party ontributor Co	
(Add Lines	1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.).	TOTAL \$	2,324.00		EDDC	Eorm 460 /	lanuar/05)

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

SEE INSTRUCTIONS ON REVERSE		through					5 of6	
NAME OF FILER Sean J. Baggett for PUSD School Board 2011								NUMBER
								3730
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense	MBR member cor MTG meetings ar OFC office expe PET petition circl PHO phone bank POL polling and POS postage, de PRO professiona	nmunication nd appearan nses ulating s survey rese	s nces earch nessenger	services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contribu campaign worker t.v. or cable airtim candidate travel, lastiff/spouse trave transfer between voter registration	production costs tions s' salaries te and production c odging, and meals tl, lodging, and mea committees of the	als same candidate/sponsor
LIT campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)	PRT print ads	CODE	OR	<del>.</del>	WEB	N OF PAYMENT	ology costs (interne	AMOUNT PAID
City of Pasadena		FIL						25.00
100 N. Garfield Ave., #S228 Pasadena, CA 91101								
City of Pasadena		FIL	_		7. 18			2,200.00
100 N. Garfield Ave., #S228 Pasadena, CA 91101								
* Payments that are contributions or independent expenditures m	ust also be summ	narized on	Schedule	e D.			SUBTOTA	L\$ 2,225.00
Schedule E Summary			<u> </u>					
1. Itemized payments made this period. (Include all Schedule &	E subtotals.)						\$	2,225.00
2. Unitemized payments made this period of under \$100							\$	0.00
3 Total interest paid this period on loans. (Enter amount from Schedule B. Part 1. Column (e).)							<b>Q</b>	0.00

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

Schedule E

Payments Made

SCHEDULE E

CALIFORNIA FORM

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

Statement covers period

from \_\_\_\_01/01/2010

					SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through12/31	/2010 Page	6 of6	
NAME OF FILER  Sean J. Baggett for PUSD School Board 2011				1.D NUN 1333		
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings	es the payment, you may MBR member communicatio 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 PRT print ads	ns inces search messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic	nd production costs butions ers' salaries ime and production cost I, lodging, and meals vel, lodging, and meals committees of the sai	me 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	
Yolanda Miranda and Associates	PRO	0.00	500.00	0.00	500.00	
728 W. Edna Place Covina. CA 91722						
* Payments that are contributions or independent expenditures must also be						
summarized on Schedule D.	SUBTOTALS	\$ 0.00 \$	500.00 \$	0.00\$	500.00	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized			INCU	RRED TOTALS \$	500.00	
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	,	1 7		.PAID TOTALS \$ _	0.00	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	d		NET \$	500.00 ay be a negative number	

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