Recipient Committee Campaign Statement Cover Page	Type or print in ink.		RECEIVED	
(Government Code Sections 84200-84216.5)	Statement covers period Feb. 20, 2011	Date of election if applicable (Month, Day, Year)	MAY 31 P1:3	7 Page of
SEE INSTRUCTIONS ON REVERSE	throughApr. 2, 2011	April 19, 2011	CITY CLERK Y OF PASADENA	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 ☐ Amendment (Explain	nt Termination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			ormation for Loretta Mockler
3. Committee Information	I.D. NUMBER 1292746	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Tom Selinske		Clif Baker		
Totti delitiake		MAILING ADDRESS		
		3067 Santa Rosa Ave		ZIP CODE AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	
984 E. Topeka St.		Altadena NAME OF ASSISTANT TREAS	CA CA	91001 626-665-3407
Pasadena CA 911	CODE AREA CODE/PHONE 04 626-233-4252		URER, IF ANT	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	, BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL AD	DRESS	
Verification I have used all reasonable diligence in preparing and review	ing this statement and to the best of my k	nowledge the information contained	nerein and in the attached	schedules is true and complete. I certify
under penalty of perjury under the laws of the State of Califor	rnia that the foregoing is true and correct.			
Executed on Date	Ву	Signature of Treasurer or Assista	ant Treasurer	
Executed onDate		Controlling Officeholder, Candidate, State Measure		Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate		FPPC Form 460 (January/05) I-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

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

Page _____ of ____

NAME OF OFFICEHOLDER OR CANDIDATE		NAME C	OF BALLOT MEASURE				
Tom Selinske							
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)	BALLO			SUPPORT		
Pasadena School Board, Seat 6							OPPOSE
	CITY STATE ZIP						
984 E. Topeka St. Pasad	dena CA 91104		fy the controlling of			ate measure p	proponent, it ar
		NAME	OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed to receive	OFFICI	E SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER					<u> </u>	
		7. Prim	arily Formed Car	ndidate/Offic	eholder Co	ommittee Li	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Prim	narily Formed Can holder(s) or candidate	ndidate/Offic	ceholder Co	ommittee Lis primarily form	st names of ed.
	CONTROLLED COMMITTEE?	officel	narily Formed Can holder(s) or candidate OF OFFICEHOLDER OR	(s) for which thi	s committee is	ommittee Lis primarily form	ed.
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIF	CONTROLLED COMMITTEE? YES NO BOX)	NAME	nolder(s) or candidate	(s) for which this CANDIDATE CANDIDATE	OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
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Schedule	A (Continuation	n Sheet)
Monetary	Contributions	Received

Type or print in lak.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period 460 Feb. 20, 2011 6 4 22 Apr. 2, 2011

1292746 1.6 NAME OF FILER Tom Selinske

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMETTE, ALSO EXTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/26/11	Amold Siegel 1030 Prospect Blvd. Pasadena, CA 91103	ZiND COM OTH PTY SCC	Law Professor/Loyola Law School	250.00	250.00	
3/3/11	Andrew Dorgan 999 Rose Ave. Pasadena, CA 91107	Zind COM OTH PTY SCC	Sales Mgr./ GE Healthcare	250.00	250.00	
3/3/11	Beth Gertmenian 1521 Oakdale St. Pasadena, CA 91106	DIND COM OTH PTY SCC	retired	100.00	100.00	
3/31/11	Loretta Mockler 2257 E. Mountain St. Pasadena, CA 91104	ZIND COM OTH PTY SCC	my not. Consultan Mockler + Co.	red 100.00 t	100.00	
2/23/11	Ed Honowitz 1485 E. Mountain St. Pasadena, CA 91104	ZIND COM OTH PTY SCC	Photographer/Ed Honowitz Photography; Bd. Mem./Pasadena USD	250.00	250.00	
SUBTOTAL\$ 950.00						

*Contributor Codes

Commotion Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other (e.g., business critity)

PTY - Political Party

SCC - Small Contributor C ~mmittee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)