cipient Committee Impaign Statement Over Page Vernment Code Sections 84200-84216.5)			RECEN		LIFORNIA 460
(Guvernment Code Geolons 04200-042 (U.S.)	Statement covers period from 12-12-08	Date of election if applicable: (Month, Day, Year)		P2:23 Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through01-29-09	03-06-09	CITY CLE CITY OF PAS	ADENA	
State Candidate Election Committee Recall (Also Complete Part 5)	mplete Parts 1, 2, 3, and 4, rimarily Formed Ballot Measure ommittee) Controlled) Sponsored to Complete Part 6)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain t	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	-Year Report
Small Contributor Committee O	rimarily Formed Candidate/ fficeholder Committee Iso Complete Parl 7)		leiowy		
3 Committee Information	. NUMBER 314350	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Charles Nelson 2009 STREET ADDRESS (NO P.O. BOX) P.O. Box 90662 CITY STATE ZIP CO		NAME OF TREASURER Stephanie N. Johnson MAILING ADDRESS P.O. Box 40302 CITY Pasadena NAME OF ASSISTANT TREASU	STATE CA RER, IF ANY	ZIP CODE 91114	AREA CODE/PHONE (626) 831-5109
Pasadena, CA 91109 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	()	MAILING ADDRESS			
Same CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS Igotcourage@aol.com		OPTIONAL: FAX / E-MAIL ADD	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on O1-29-09 Date Executed on Date Executed on Date Executed on Date	that the foregoing is true and correct By	Signature of Controlling Officaholder, Candidate, Signature of Controlling Officaholder, Candida	opponent or Responsible Office State Measure Proponent	or of Sponsor	FPPC Form 480 (January/05)
			FPPC 1	oll-Free Helpline: 8	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 of 5

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Charles Nelson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
PUSD Board of Education Seat # 5						SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP					
P.O. Box 90662 Pasade	ena. CA 91109		identify the controlling of	ficeholder, ca	ndidate, or state meas	ure proponent, if any
	,		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	·
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your call.	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)		Primarily Formed Can officeholder(s) or candidate(s) for which thi	OFFICE SOUGHT OR HE	formed.
CITY STATE ZIP (CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		WANT OF OFFICE USER OF		055105 0011015 05115	
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)				<u> </u>	
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page	Type or print in ink, Amounts may be round to whole dollars.	ded	Statement covers period from 12-12-08		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Charles Nelson			through	01-29-09	Page 3 of 5	
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Columi CALENDAR' TOTAL TO	YEAR		1314350 nmary for Candidates ne State Primary and	
Monetary Contributions	\$ \$	s15	500.00	General Elections 1/1 ti 20. Contributions Received \$ 21. Expenditures	through 6/30 7/1 to Date	
Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 3 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	\$	\$			Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date \$	
Current Cash Statement 12. Beginning Cash Balance	s <u>O</u>	To calculate Columamounts in Colum corresponding an from Column B of report. Some and Column A may be figures that shoul subtracted from period amounts, the first report be for this calendar y carry over the am from Lines 2, 7, a	nn A to the nounts fyour last ounts in negative d be orevious of this is ing filed year, only nounts	*Amounts in this section reported in Column B.	\$nay be different from amounts	
18. Cash Equivalents		any).	·	FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)	

Schedule A		Type or print in ink.		SCHEDULE A				
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement covers period from12-12-08		CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through0	1-29-09	Page _	4 015	
NAME OF FILER					-	I.D. NUI	MDED.	
Charles N	leison					13143		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
12-22-08	Scott Schaller Marina Del Ray, CA	☑IND □COM □OTH □PTY □SCC	Chemsearch, CA	500.00	500	.00		
01-30-09	Willie Pelote 1121 L Street Sacramento, CA	□IND □COM □OTH ☑PTY □SCC	AFSCME, Local 2325	1000.00	1500.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	1500.00				
Schedule /	A Summary				*Con	tributor Co	des	
1. Amount red	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	1500.00	IND-	Individual – Recipier	nt Committee	
2. Amount red	ceived this period – unitemized monetary contributions	of less than \$	\$100 \$	0	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party			
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$	1500.00			ntributor Committee	

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

Charles Nelson					I.D. NUM	BER
Charles Nelson					131435	0
CODES: If one of the following codes accurately descr CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications and appearance ases ulating s survey resear	es	RAD radio airtime and productic returned contributions campaign workers' salarie t.v. or cable airtime and productic returned contributions campaign workers' salarie t.v. or cable airtime and productic randidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration information technology cost	es roduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Freeman Public Affairs		СМР				1500.00
* Payments that are contributions or independent expenditure	s must also be summ	arized on So	:hedule D.	s	UBTOTAL\$	1500.00
Schedule E Summary			4.7			
1. Itemized payments made this period. (Include all Schedu	ile E subtotals.)				\$	0
2. Unitemized payments made this period of under \$100						0
Total interest paid this period on loans. (Enter amount from						0
Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on th	ne Summan	/ Page, Column A.	Line 6.)	TAI ¢	1500.00

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

Schedule E

Payments Made

SEE INSTRUCTIONS ON REVERSE

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Statement covers period

from

through _

12-12-08

01-29-09

CALIFORNIA FORM