•				
Recipient Committee Campaign Statement Cover Page	Type or print in	nk. RECEI	VE Stamp	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period 2/22/09 6/30/09	Date of election if Opilicals: -9 (Month, Day, Vear)	P12 53	Page 1 of 5
SEE INSTRUCTIONS ON REVERSE	through	GIT OT I'	(OBBEING	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Stongsored	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure omnittee) Controlled) Sponsored lose Complete Part 6) rimarily Formed Candidate/ ffficeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	Specination)	rterly Statement cial Odd-Year Report olemental Preelection ement - Attach Form 495
O Political Party/Central Committee	Niso Complete Part 7)			
). NUMBER 1314350	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Charles Nelson STREET ADDRESS (NO P.O. BOX) P.O. Box 90662 CITY STATE ZIP CC Pasadena CA 9110		NAME OF TREASURER Charles Nelson MAILING ADDRESS P.O. Box 90662 CITY Pasadena NAME OF ASSISTANT TREASURER	STATE ZIP C CA 9110 R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on	a that the foregoing is true and correct.	Signature of Treasurer or Afflictant Tre Signature of Treasurer or Afflictant Tre Ontrolling Officeholder, Candidate, State Measure Propor Signature of Controlling Officeholder, Candidate, State	asurer 7 Pent or Responsible Officer of Sponsor Measure Proponent	
Executed on	Бу	Signature of Controlling Officeholder, Candidate, State		FPPC Form 460 (January/08 Helpline: 866/ASK-FPPC (866/275-3777 State of Californi

Type or print in ink.

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

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Officeholder or Candidate Controlled Committee			. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Charles Nelson								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT	
PUSD Board of Education							011002	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate. or st	ate measure i	proponent, if an	
P.O. Box 90662 Pasadena, CA 91109			Identify the controlling officeholder, candidate, or state measure prop NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of your contributions or make expenditures.	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER							
		7.	Primarily Formed Car	ndidate/Offic	eholder Co	mmittee L	st names of	
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate	(s) for which th	is committee is	primarily form	red.	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO) P.O. BOX)						OPPOSE	
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
070557 ADDD500 (AL							L OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (No	J P.O. BOX)							

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.	Stater	2/22/09 6/30/09	CALIFORNIA 460 FORM Page 3 of 5	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Charles Nelson			through .	0/30/09	I.D. NUMBER 1314350
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	YEAR DATE 600.00	Running in Both the General Elections 1/1 20. Contributions Received \$	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$
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	\$	\$		Candidates 22. Cumulati	Summary for State Ive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
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	2600.00 2600.00 \$ 0	To calculate Colamounts in Colucorresponding a from Column B report. Some ar Column A may be figures that shot subtracted from period amounts, the first report b for this calendial carry over the a from Lines 2, 7,	mn A to the amounts of your last nounts in the negative uld be previous lif this is being filed to year, only amounts	*Amounts in this section reported in Column B.	\$may be different from amounts

any).

18. Cash Equivalents See instructions on reverse \$ _

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

Cash Equivalents and Outstanding Debts

SUMMARY PAGE

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

Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 2/22/09		california 460			
SEE INSTRUCTIO	AND ON DEVERSE			through6	/30/09	Page	4 of .	5	
NAME OF FILER				<u> </u>		1.D. NU			
Charles No	elson					1	PER ELE	CTION	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE.ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		TE IIRED)	
2/6/09	Alice Peterson 1165 Rubio St. Altadena, CA 91001	☑IND □COM □OTH □PTY □SCC		\$50.00	\$50.00 \$50		\$50.00		
2/16/09	Greg Kalajian 1813 E. Colorado Bl. Pasadena, CA	☑IND □COM □OTH □PTY □SCC		\$50.00 \$50.0		.00			
2/24/09	Charles Nelson P. O. Box 90662 Pasadena, CA 91109	☑IND □COM □OTH □PTY □SCC		\$1500.00	\$1500	0.00			
2/27/09	AFSCME 1625 L Street, NW Washington, DC 20036	□IND □COM □OTH ☑PTY □SCC		\$1000.00	\$1000.00				
		□IND □COM □OTH □PTY □SCC							
	1		SUBTOTAL	\$					
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)							ıal	SCC)	
2. Amount received this period – unitemized monetary contributions of less than \$100\$					PT	/ - Politica		1	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$ _	2600.00	Cach		C Form 460 (

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

chedule E Amounts may be rounded ayments Made to whole dollars.			Statement covers period from2/22/09			ORNIA RM	460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh	6/30/09	Page		of
Charles Nelson							13143	50	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* civic donations Fil. candidate filling/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu. PHO phone banks POL polling and and POS postage, de	munications d appearant uses lating s survey reservivery and m	ces	RAD RFD SAL TEL TRC TRS	radio ai returne campai t.v. or c candida staff/sp transfer voter n	e the payment. Intime and production d contributions gn workers' salaries able airtime and production ate travel, lodging, an ouse travel, lodging, r between committee egistration tion technology costs	duction cos d meals and meals s of the se	ame cand	lidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAY	MENT		АМ	OUNT PAID
Freeman Public Affairs		СМР							\$2600.00
* Payments that are contributions or independent expenditures	must also be sumn	narized on	Schedule D.			SI	JBTOTAL	\$	2600.00
Schedule E Summary									0000 00
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)						\$ _		2600.00
2. Unitemized payments made this period of under \$100							\$ _		0
Total interest paid this period on loans. (Enter amount from	n Schedule B, Part	1, Colum	n (e).)				\$ _		0
C. Tomas and Paris and Paris C.									2600.00

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2600.00

SCHEDULEE