Di		·		COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in link. REC			CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/25/09	Date of election if applicable (Month, Day, Year) CITY CLERK 3/10/09 CITY OF PASADI		Page 1 of 5
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rrimarily Formed Ballot Measure committee) Controlled) Sponsored viso Complete Part 6) rrimarily Formed Candidate/ officeholder Committee liso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Speci ☐ Supp	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
	D. NUMBER 1314350	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1014330	NAME OF TREASURER		
Committee to Elect Charles Nelson		Charles Nelson		
		P.O. Box 90662		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
P.O. Box 90662		Pasadena	CA 9110	9 (626) 529-5762
Pasadena CA 9110		NAME OF ASSISTANT TREASURER, 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 CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
igotcourage@aol.com				
4. Verification				
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kno	wledge the information contained herein and in the	ne attached schedu	es is true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and currect.	La K. Nelson		
2/26/09 Date	By	Signature of Treasurer of Assistanti Treasurer		
Executed on	By Uu	lis K. Nelson		
Date	Signature of Con	trolling Officeholder, Candidate, State Measure Proponent or Respo	ensible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	pponent	
Executed on	Ву			
Date	,	Signature of Controlling Officeholder, Candidate, State Measure Pro	•	FPPC Form 460 (January/05) Ipline: 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

	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Charles Nelson									
FFICE SOUGHT OR HELD (INCLUDE LOCATION	NAND DISTRICT NUMBER IF APPLICARIES	BALLOT NO. (OR LETTER JL	JRISDICTION	To	SUPPORT			
					OPPOSE				
PUSD Board of Education									
ESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP Pasadena, CA 91109	Identify the	controlling officeho	older, candidate, or	state measure p	roponent, if a			
P.O. Box 90662	NAME OF OF	FICEHOLDER, CANDIDA	TE. OR PROPONENT						
ot included in this statement that are contr ontributions or make expenditures on beha	olled by you or are primarily formed to receive if of your candidacy.	OFFICE SOU	GHT OR HELD		DISTRICT NO. II	- ANY			
ontributions or make expenditures on beha	ilf of your candidacy.								
OMMITTEE NAME	I.D. NUMBER								
	· · · · · · · · · · · · · · · · · · ·								
AME OF TREASURES	CONTROLLED COMMITTEE?		Formed Candida						
AME OF TREASURER	CONTROLLED COMMITTEE?		Formed Candida (s) or candidate(s) for						
		officeholder		which this committee		suppor			
	YES NO	officeholder	(s) or candidate(s) for	which this committee	is primarily form				
	SS (NO P.O. BOX)	officeholder	(s) or candidate(s) for	which this committee	is primarily form	SUPPOR			
OMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)	officeholder	(s) or candidate(s) for	which this committee	e is primarily form	SUPPOR			
OMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)	NAME OF OF	(s) or candidate(s) for FICEHOLDER OR CAND FICEHOLDER OR CAND	which this committee IDATE OFFICE SI IDATE OFFICE SI	OUGHT OR HELD	SUPPOR SUPPOR SUPPOR OPPOSE			
OMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	NAME OF OF	(s) or candidate(s) for	which this committee IDATE OFFICE SI IDATE OFFICE SI	e is primarily form	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR			
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OMMITTEE ADDRESS STREET ADDRE	TE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OF	(s) or candidate(s) for FICEHOLDER OR CAND FICEHOLDER OR CAND	which this committee IDATE OFFICE SI IDATE OFFICE SI IDATE OFFICE SI	OUGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR			
OMMITTEE ADDRESS STREET ADDRE ITY STA OMMITTEE NAME AME OF TREASURER	SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OF	(s) or candidate(s) for FICEHOLDER OR CAND FICEHOLDER OR CAND FICEHOLDER OR CAND	which this committee IDATE OFFICE SI IDATE OFFICE SI IDATE OFFICE SI	e is primarily formation or held displayed the held displayed to held displayed the held displayed to	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE			

Campaign [Disclosure	Statement
Summary P	age	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Charles Nelson			1314350			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
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	\$	\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$			
Expenditures Made 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	\$		Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit) Date of Election (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	1600.00 1600.00 \$ 0	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.			
18. Cash Equivalents			FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772			

Schedule A Monetary Contributions Received		Amount	o or print in ink. is may be rounded whole dollars.	Statement covers period from1/25/09		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through	2/21/09	Page	4 of5
NAME OF FILER						I.D. N	UMBER
Charles N	lelson					1314	350
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	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
2/6/09	Alice Peterson 1165 Rubio St. Altadena, CA 91001	☑IND □COM □OTH □PTY □SCC	Retired	\$50.00	\$50	.00	
2/16/09	Greg Kalajian 1813 E. Colorado Bl. Pasadena, Ca	☑IND □COM □OTH □PTY □SCC	K & S Mobil	\$50.00	\$50	.00	
2/24/09	Charles Nelson P.O. Box 90662 Pasadena, CA 91109	☑IND □COM □OTH □PTY □SCC	Candidate	\$1500.00	\$1500	00.0	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL\$	1600.00			
Schedule	A Summary				*Coi	ntributor (Codes
1. Amount re	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$ <u></u>	1600.00			ial ient Committee r than PTY or SCC)
Amount received this period – unitemized monetary contributions of less than \$100				100.00		l – Öther	(e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1600.00			Contributor Committee
,				FPP	C Toll-Free Helplin		C Form 460 (January/05) SK-FPPC (866/275-3772)

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.			from		1/25/09 2/21/09	CALIF	ORNIA 460
NAME OF FILER								I.D. NU	
Charles Nelson								13143	
CODES: If one of the following codes accurately describes	s the payr	ment, yo	u may er	nter the code.	Otherwise, o	describe	the payment		
CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/	MTG me OFC off PET pe PHO ph POL po POS po PRO pro	eetings and fice expen stition circul one banks stling and s stage, deli	lating survey reseativery and m	ces		returne campai t.v. or c candida staff/sp transfe voter re	irtime and product d contributions gn workers' salar aable airtime and r ate travel, lodgling, ouse travel, lodgling between commit egistration tion technology of	ries production cost and meals ng, and meals ttees of the sa	me candidate/sponsor
NAME: AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAY	MENT		AMOUNT PAID
Freeman Public Affairs			CMP						\$1600.00
* Payments that are contributions or independent expenditures r	nust also i	be summ	arized on	Schedule D.				SUBTOTAL	1600.00
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtota	ls.)						\$	1600.00
Unitemized payments made this period of under \$100									0
Total interest paid this period on loans. (Enter amount from									0
4. Total payments made this period. (Add Lines 1, 2, and 3. El				. , ,					1600.00

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