Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	PECE!	COVER PAGE LIFORNIA 460 FORM		
	Statement covers period from February 22, 2009	Date of election if applicable: (Month, Day, Year)	709 JL 28	All :4	For Official Use Only
BEE INSTRUCTIONS ON REVERSE	through June 30, 2009	March 10, 2009	SITY CLE	ERK ADENA	
1. Type of Recipient Committee: All Committees - Col	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 To	ermination)	Quarterly Sta Special Odd Supplementa Statement - 1	-Year Report
	NUMBER 315464	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Elizabeth Pomeroy for School Board		James Heringer			
		MAILING ADDRESS			
STREET ADDRESS (NO PO BOX)		245 San Miguel Road	STATE	ZIP CODE	AREA CODE/PHONE
2111 East Mountain St.		Pasadena	CA	91105	626-793-4727
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		31100	020-133-4121
Pasadena CA 91104	626-791-7660				
MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BO	ox .	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	ČÍTÝ	07170		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	PESS		
. Verification					
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my known	owledge the information contained her	rein and in the attache	ed schedules is tru	e and complete. I certify
under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.	2.7/ (
Executed on 7/7/26/2009	By	ex V. Xbusus			
2/22 /2000		Storature T/easive of Assistant	Treasurer		
Executed on	By Signature of Oo	TITOTO POR CANDIDATE State Measure Pro	ponery or Responsible Officer	of Sponsor	
Executed on	ρ	V	∇		
Date	Бу	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent		
Executed on	Ву				
Date		Signature of Controlling Officeholder, Candidate, St	·	oll-Free Helpline: 8	FPPC Form 460 (January/05) 66/ASK-FPPC (866/275-3772) State of California

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NAME OF OFFICEHOLDER OR CANDIDATE		6. Primarily Formed Bal			• • • • • • • • • • • • • • • • • • • •
Elizabeth Pomeroy		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ND DISTRICT NUMBER IE ARRI (CARLE)	BALLOT NO OR LETTER	JURISDICTI	ON T.	
PUSD Board of Education Seat 1	NO DIGITION NOWIGEN IF AFFEIGAGEE)	Breed HO SHEET EN	00111001011	11	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP				
2111 East Mountain St.	Pasadena, CA 91104	Identify the controlling o	fficeholder, ca	ndidate, or state measure	proponent, if a
2111 East Modificant Ot.	rasadena, CA 31104	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT	
not included in this statement that are controlle contributions or make expenditures on behalf o		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	ID NUMBER				
	1D NUMBER				
COMMITTEE NAME		7. Primarily Formed Car	ndidate/Offic	eholder Committee	list names of
	CONTROLLED COMMITTEE?	7. Primarily Formed Car			
COMMITTEE NAME	CONTROLLED COMMITTEE?		(s) for which thi		med.
COMMITTEE NAME	CONTROLLED COMMITTEE?	officeholder(s) or candidate	(s) for which thi	s committee is primarily for	
COMMITTEE NAME	CONTROLLED COMMITTEE?	officeholder(s) or candidate	(s) for which thi	s committee is primarily for	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO (NO PO. BOX)	officeholder(s) or candidate.	(s) for which thi	S committee is primarily for	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO (NO PO. BOX)	Officeholder(s) or candidate. NAME OF OFFICEHOLDER OR	(s) for which thi R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY STATE	CONTROLLED COMMITTEE? YES NO (NO PO BOX) ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate.	(s) for which thi R CANDIDATE R CANDIDATE	S committee is primarily for	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY STATE	CONTROLLED COMMITTEE? YES NO (NO PO BOX) ZIP CODE AREA CODE/PHONE	Officeholder(s) or candidate. NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(S) for which this R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO (NO PO BOX) ZIP CODE AREA CODE/PHONE	Officeholder(s) or candidate. NAME OF OFFICEHOLDER OR	(S) for which this R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO (NO PO BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	Officeholder(s) or candidate. NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(S) for which this R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

Campaign D	isclosure	Statement
Summary Pa	ae	

Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period from February 22, 2009

through June 30, 2009

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I.D. NUMBER

1315464

SEE INSTRUCTIONS ON REVERSE					through	Julie 30, 2003	Page of		
NAME OF FILER							1.D NUMBER 1315464		
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			
Monetary Contributions		240	\$		1240	General Elections	through 6/30 7/1 to Date		
SUBTOTAL CASH CONTRIBUTIONS		240	\$		1240	20. Contributions Received \$	\$		
5. TOTAL CONTRIBUTIONS RECEIVED		240	\$		1240	Made \$	\$		
Expenditures Made 6. Payments Made Schedule E. Line 4	\$.	1240	\$		1240	Expenditure Limit Candidates	Summary for State		
7. Loans Made Schedule H. Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3		1240			1240		ve Expenditures Made* o voluntary Expenditure Limit) Total to Date		
10. Nonmonetary Adjustment						(mm/dd/yy)	\$		
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page. Line 16 13. Cash Receipts Column A. Line 3 above		1000	a Ci	o calculate Colui mounts in Colun orresponding an	nn A to the mounts		may be different from amounts		
Miscellaneous Increases to Cash		1240	re C fig si p	om Column B of aport. Some am column A may be gures that shoul ubtracted from period amounts.	ounts in e negative ld be previous If this is	reported in Column B.			
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$		fo Ci	ne first report be or this calendar arry over the an	year, only nounts				
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$			om Lines 2, 7, a ny).	and 9 (if				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		Ì			FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)		

Schedule A			or print in ink,	SCHEDULE					
Monetary Contributions Received			s may be rounded whole dollars.	Statement cov	CALIFORNIA 460				
SEE INSTRUCTION	ONS ON REVERSE			through June	30, 2009	Page .	4 of	5	
NAME OF FILER						1.D. NU	MBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 T CALENDAR (JAN: 1 - DEC	AR YEAR TODATE		Ε	
Democratic Club of the Pasadena Foothills 1212 S. Victory Blvd., Burbank, CA 91502 ID # 880433	1212 S. Victory Blvd., Burbank, CA 91502	☐IND ☑COM ☐OTH ☐PTY ☐SCC		100 100		100			
	OTH PTY scc								
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
			SUBTOTAL\$	100					
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)				IND		ntributor Codes – Individual fi – Recipient Committee			
	ceived this period – unitemized monetary contributions			140 OTH		(other than PTY or SCC) Other (e.g., business entity)			
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Colur						PTY – Political Party SCC – Small Contributor Committee			

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Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from February 22, 2009 through June 30, 2009	CALIFO FOR	5 of 5
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 FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs and meals and meals as of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD NUMBER)		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Elizabeth Pomeroy 2111 East Mountain St., Pasadena, CA 91104		FIL	partial reimburse	ement of filing fee paid by cand	idate	1240
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.	St	JBTOTAL \$	1240
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100	•					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						

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