			·	COVER PAGE
Recipient Committee Campaign Statement Cover Page	RECEIVE	CALIFORNIA 460 FORM		
Government Code Sections 84200-84216.5)	Statement covers period from	(Month, Day, 1997) 120	4 :00	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through February 21, 2009	March 10, 2009 CITY CLERK	ENA	
1. Type of Recipient Committee: All Committees -		2. Type of Statement: Preelection Statement	□ Quarterly	y Statement
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Asso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Special C	Odd-Year Report nental Preelection nt - Attach Form 495
3. Committee Information	1.D. NUMBER 1315464	Treasurer(s) NAME OF TREASURER		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Elizabeth Pomeroy for School Board	EE)	James Heringer MAILING ADDRESS 245 San Miguel Road		
STREET ADDRESS (NO P.O. BOX) 2111 East Mountain St.		CITY Pasadena NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CODE CA 91105	E AREA CODE/PHONE 626-793-4727
GITT	CODE AREA CODE/PHONE 104 626-791-7660 0. BOX	MAILING ADDRESS		
	CODE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Califfer Executed on February 25, 2009 Executed on February 25, 2009 Date Executed on Date	wing this statement and to the best of my kr fornia that the foregoing is true and correct. By By By By By By	Signatury Treasurery Assistant Treasurer	sponsible Officer of Sponsor Proponent	
Executed onDate		Signature or Controlling Circle Indexe, Carracte, State Massace	FPPC Toll-Free Help	FPPC Form 460 (January/05) pline: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
CALIF FC	ORNIA ORM	460		
Page _	2	of		

NAME OF OFFICEHOLDER OR CANDIDATI	Έ	NAME OF BALLOT MEASURE						
Elizabeth Pomeroy								
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	15] SUPPORT] OPPOSE			
PUSD Board of Education Seaf	it 1				J OFFOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CITY STATE ZIP	Identify the controlling of	ficebolder candida	ate or state measure	proponent, if a			
2111 East Mountain St. Pasadena, CA 91104			Identify the controlling officeholder, candidate, or state measure proponent, if an NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
		NAME OF STRICE ISEAS.	NOIDINE, ON THOS					
not included in this statement that are	uded in this Statement: List any committees e controlled by you or are primarily formed to receive n behalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY			
contributions of make expenditures of								
COMMITTEE NAME	I.D. NUMBER							
	I.D. NUMBER							
COMMITTEE NAME		7. Primarily Formed Can	ndidate/Officeho	older Committee	ist names of			
COMMITTEE NAME	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which this co	mmittee is primarily for	ist names of ned.			
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s) for which this co	older Committee Limmittee is primarily for	suppor			
NAME OF TREASURER COMMITTEE ADDRESS STREET A	CONTROLLED COMMITTEE?	officeholder(s) or candidate(CANDIDATE OF	mmittee is primarily for	SUPPOR			
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET A	CONTROLLED COMMITTEE? YES NO ADDRESS (NO PO BOX)	officeholder(s) or candidate(CANDIDATE OF	mmittee is primarily forn	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR			
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO ADDRESS (NO PO BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OF CANDIDATE OF CANDIDATE OF CANDIDATE OF	mmittee is primarily form	SUPPOR			

Campaign Discl	osure Statement
Summary Page	

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

SUMMARY PAGE

Statement covers period from January 25, 2009

through February 21, 2009

Through February 21, 2009

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ID NUMBER

1315464

SEE INSTRUCTIONS ON REVERSE			through	Tebruary 21, 2005	Page of		
NAME OF FILER James Heringer					1315464		
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Colum CALENDAR TOTALTO	RYEAR	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
Monetary Contributions Schedule A Line 3 Loans Received Schedule B. Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C. Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	1000	20. Contributions Received \$	\$		
Expenditures Made 6. Payments Made	\$	\$		Candidates 22. Cumulat	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	\$ 1000 \$	To calculate Co amounts in Coli corresponding from Column B report. Some a Column A may figures that sho subtracted from period amounts the first report for this calenda carry over the	umn A to the amounts of your last mounts in be negative build be an previous. If this is being filed ar year, only amounts	*Amounts in this section may be different from amounts reported in Column B.			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7 any).	, and 9 (II	FPPC Toll-Free Help	FPPC Form 460 (January/0) line: 866/ASK-FPPC (866/275-377/		

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.		Statement cover	ers period 25, 2009	CALIFORNIA 460		
				through February 21, 2009		Page4 of4		
NAME OF FILER						1.D. NUM	1	
James He	eringer	,						
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/25/09	Nat'l Women's Political Caucus of Pasadena 942 S. Oakland, Pasadena CA 91106 ID # 77002	□IND ☑COM □OTH □PTY □SCC		1000	10	000		
		OTH SCC						
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	1000				
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$	1000	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC		nt Committee		
Amount received this period – unitemized monetary contributions of less than \$100							(e.g., business entity)	
3 Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1000	sco	S-Small C	Form 460 (January/05) K-FPPC (866/275-3772)	