Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		type or print in ink.		RECEINED		COVER PAGE	
				20 20	20.44	2005/06 FORM	460
		Statement covers period	Date of election if applicable:	JAN 29 P2	ł	1/5	
		from <u>01/01/2008</u>	(Month, Day, Year)	OTTY OLERK TY OF THE SUIT	. , [For Official I	Jse Only
SEE	INSTRUCTIONS ON REVERSE	through 12/31/2008	03/10/2009				
1.	Type of Recipient Committee: All Committee	• • • • • • • • • • • • • • • • • • • •	2. Type of Stateme			_	
		Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 5.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	☐ Pre-election State ☐ Semi-annual State ☐ Termination State ☐ Amendment (Expla	ement ment	_ s _i	uarterly Stateme pecial Odd-Year upplemental Pre atement - Attac	r Report eelection
3.	Committee Information	I.D.NUMBER 1314060	Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE YORK FOR CITY COUNCIL		NAME OF TREASURER DAVID L. GOULD				
	STREET ADDRESS (NO P.O. BOX) 757 S. OAK KNOLL AVE.		MAILING ADDRESS 555 S. FLOWER STREET	SUITE 4210	•		
	CITY STATE ZIP COL LOS ANGELES CA 91106	AREA CODE/PHONE (213) 489-4792	CITY LOS ANGELES	STATE CA	ZIP COD 90071		A CODE/PHONE) 489-4792
	MAII ING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	NAME OF ASSISTANT TREASU MICHELLE MOORE SAN	IDERS			
	CITY STATE ZIP COL	DE AREA CODE/PHONE	MAILING ADDRESS 555 S. FLOWER STREET	SUITE 4210			
	OPTIONAL: FAX/E-MAIL ADDRESS (213) 489-4818		CITY LOS ANGELES	STATE CA	ZIP COD 90071		CODE/PHONE) 489-4792
			OPTIONAL: FAX/E-MAIL ADDRE	SS			
4.	Executed on 01/08/2009 By Ma SIGNATURE OF CO	y under the laws of the State of Calif VID L. GOULD SIGNATURE OF REASURER OR A rgaret York HALLO (LA NTROLLING OFFICEHOLDER, CANDIDATE STATE	Ornia that the foregoing of the SSIPTANY TREASURER MEASURE PROPONENT OR RESPONSIBLE	and correct. OFFICER OF SPONSOR	erein and	in the attached	schedules
	Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER,			FPPC To	FPPC Form 46 Free Heipline: 8	0 (January/05) 866/ASK-FPPC
	ger to ac	SISTEMATICAL STREET,	OANDIDATE, STATE MEADONE FROM ONEIR			Stat	e of California

Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAG	<u>E - PA</u>	RT 2
california 46			0
Page	2	of	5

NAME OF OFFICEHOLDER OF CANDIDATE			NAME OF BALLOT MEASURE		-
Margaret York					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLI	CABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT
City Council Member, Dist	wist 7 DACAT) EM7			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		STATE ZIP CODE			
,		-	Identify the controlling officeholder,		roponent, if any.
847 S. Madison Ave.	Pasadena	CA 91106	NAME OF OFFICEHOLDER, CANDIDATE, OR PRO	PONENT	
Related Committees Not Included	in this Statement	: List anv committees			
not included in this consolidated statement formed to receive contributions or to make	that are controlled by	you or which are primarily	OFFICE SOUGHT OR HELD	DISTRI	CT NO. IF ANY
COMMITTEE NAME		I.D. NUMBER	7. Primarily Formed Candida	te/Officeholder Commi	ittee
IAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
The state of the s					-
			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		NAME OF OFFICEROLDER OR CANDIDATE	OFFICE SOUGHT ON HELD	SUPPORT
					OPPOSE
DITY	STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
COMMITTEE NAME				i i	☐ OPPOSE
DOMMITTEE NAME				İ	I LI OPPOSE
		CONTROLLED COMMITTEE?			☐ OPPOSE
NAME OF THEASURER	O BOX)	CONTROLLED COMMITTEE?			OPPOSE
NAME OF THEASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)	CONTROLLED COMMITTEE?			OPPOSE

SUMMARY PAGE

Campaign Disclosure Statement Summary Page

 Statement covers period
 CALIFORNIA 4.6

 from 01/01/2008
 Page 3 of 1.D. NUMBER

NAME OF FILER Margaret York, YORK FOR CITY COU	NCIL		I.D. NUMBER
	·. · · · · · · · · · · · · · · · · · ·		1314060
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	\$0.00	\$0.00	
2. Loans Received Schedule B, Line 7	5,000.00	5,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$5,000.00	\$5,000.00	Received \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		\$5,000.00	
Expenditures Made			Expenditure Limit Summary for State Candidates
6. Cash Payments Schedule E, Line 4	\$500.00	\$ 500.00	
7. Loans MadeSchedule H, Line 7	0.00	0.00	22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 500.00	\$ 500.00	Date of Election Total to Date
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	(mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$500.00	\$\$	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16		- 1	*Amounts in this section may be different
13. Cash Receipts		•	from amounts reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	-	
15. Cash Payments Column A, Line 8 above	500.00	-	
16. ENDING CASH BALANCE Lines 12+13+14, less Line 15	\$ 4,500.00	-	
If this is a Termination Statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$0.00	-	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	\$0.00	-	
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$5,000.00	_	1

S/CCW - PUSB03095152228 (Rev. January/05)

SCHEDULE B - Part I Schedule B - Part I Statement covers period CALIFORNIA Loans Received from <u>01/01/2008</u> through $\frac{12}{31}/2008$ Page_ NAME OF FILER Margaret York, I.D. NUMBER YORK FOR CITY COUNCIL 1314060 (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD FULL NAME, STREET ADDRESS AND ZIP CODE IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) (d)
OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD (c) AMOUNT PAID OR FORGIVEN THIS PERIOD (b) AMOUNT (f) ORIGINAL AMOUNT OF LOAN (g) CUMULATIVE CONTRIBUTIONS TO DATE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CEIVED THIS PERIOD CALENDAR YEAR Margaret York Chief PAID 847 S. Madison Ave. 5,000 0.000 % RATE 5,000 Pasadena, CA 91106 5,000 Los Angeles FORGIVEN PER ELECTION County Police 5.000 12/09/2009 DATE DUE 12/09/2008 DATE INCURRED 5,000 P09 ■ IND □ COM □ OTH □ PTY □ SCC (retired) CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED CALENDAR YEAR PAID RATE PER ELECTION FORGIVEN ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED SUBTOTAL \$ 5,000.00 \$ 0.00 \$ 5,000.00 \$ 0.00 **Schedule B Summary** 1. Loans received this period\$ (Total Column (b) plus unitemized loans less than \$100.) 0.00 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2

SCHEDULE E

500.00

Schedule E Statement covers period CALIFORNIA Payments Made **FORM** 01/01/2008 through $\frac{12}{31}/2008$ Page NAME OF FILER Margaret York, YORK FOR CITY COUNCIL I.D. NUMBER 1314060 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants
CTB contribution (explain nonmonetary)* meetings and appearances office expenses RFD returned contributions SAL campaign workers salaries OFC CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees candidate travel, lodging and meals (explain) staff/spouse travel, lodging and meals (explain) PHO phone banks TRC FND fundraising events polling and survey research TRS transfer between committees of the same candidate/sponsor postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* POS TSF PRO profession professional services (legal, accounting) voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID DAVID L. GOULD COMPANY PRO 500.00 555 So. Flower St., #4210 Los Angeles, CA 90071 SUBTOTAL \$ 500.00 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 500.00 2. Unitemized payments made this period of under \$100. 0.00 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).) 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL