Recipient Committee Type or print in Ink. Campaign Statement Cover Page			RECEIVED GA	COVER PAGE ALIFORNIA 460 FORM
(Government Code Sections 84200-84216 5)	statement covers period from 7 1 300%	Date of election if applicable: (Month, Day, Year)	*09 JAN 28 P1 :13 Pag	ge of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12 31 2008	3 10 09	CITY CLERK CITY OF PASABELL	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sonosored Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T. Amendment (Explain b.)	Supplement - Statement -	tatement d-Year Report tal Preelection Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Phelps for School Boars STREET ADDRESS (NO PO. BOX) OITY PASADERA CA 911 MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO. B CITY STATE ZIP CO	ODE AREA CODE/PHONE C3 L2L-405-0165 OX	Treasurer(s) NAME OF TREASURER KINDS ADDRESS 1834 N. Mo CITY PASCACLIA NAME OF ASSISTANT TREASURE MAILING ADDRESS CITY	ar Vista Ane. STATE ZIP CODE CA 91104	AREA CODE/PHONE UTU 794 0325 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS U 2 U - S U U - 8 U U S PN U PS (4) 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 1 - 28 0 9 Executed on 1 - 7 S - 0 9 Executed on Date Executed on Date	By	OPTIONAL. FAX / E-MAIL ADDR wiedge the information contained he Stoparture of Treasurer for Assistant roting Officeholder, Candidate for the Measure Pro Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S	rein and in the attached schedules is tr Treasurer poponent or Responsible Officer of Sponsor	
Cate		Signature of Controlling Officenoider, Candidate, S	·	FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 6

5. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
Scott Phelps									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC			BALLOT NO. OR LETTER	JURISDICTIO	NC	SUPPORT			
Pasadena Unified School Boar	d Sect #3			<u> </u>		OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI									
1117 Forest Ave. Ru	sodeno CA 91103		Identify the controlling office			re proponent, if any.			
	<u>"- '' </u>		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this State not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cane	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY			
COMMITTEENAME	I.D. NUMBER								
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Offic	eholder Committee	List names of			
NAME OF TREASURER	T YES T NO		officeholder(s) or candidate(s)	for which this	s committee is primarily fo	rmed.			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O BO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE			
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELL	- 			
						SUPPORT OPPOSE			
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA						
			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE			
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELL	SUPPORT			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)	YES NO					OPPOSE			
STREET ADDRESS (NO F.O. BO)	Ŋ				L				
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attach	continuatio	n sheets if necessary				
			Allacii	COMMUNICATION	n sneets ii necessary				

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 7 1 0 8	CALIFORNIA 460 FORM
SEE INSTRUCTIONS OF NAME OF FILER	N REVERSE		unough	I D NUMBER
	ps for School Board			1273225
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	C	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
!				
Attach additions	al information on appropriately labeled continuation sheets.		SUBTO	TAL \$
Schedule I Su			, wans	
Itemized incre	ases to cash this period.		3.45	
2. Unitemized in	creases to cash of under \$100 this period		n Nine-	
	erest received this period on loans made to others. (Sch		\$	
	neous increases to cash this period. (Add Lines 1, 2, a ge, Line 14.)		TOTAL \$ 3.65	
				FPPC Form 460 (January/05) pline: 866/ASK-FPPC (866/275-3772)

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			from through _	7/1/08	Page Lt of LC		
Phelps for School Board 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	Column A TOTAL THIS PERIOD (FROMATIZEHED SCHEDULES) \$ 2394.00	Column CALENDARY TOTAL TOO \$ 3390 None \$ 3390	1.00	Running in Both to General Elections	mmary for Candidates he State Primary and through 6/30 7/1 to Date \$\$		
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	None None	s None None None None None None		Candidates 22. Cumulati	Summary for State ve Expenditures Made* to Voluntary Expenditure Limit) Total to Date		
Current Cash Statement 12. Beginning Cash Balance	3394,00 3.65 None \$ 2451.84	To calculate Colur amounts in Colurn corresponding an from Column B of report. Some amount Column A may be figures that shoul subtracted from period amounts the first report being this calendar y carry over the am from Lines 2, 7, a	nn A to the nounts your last ounts in negative d be orrevious of this is ing filed year, only nounts	*Amounts in this section reported in Column B.	may be different from amounts		

Mne

None

any).

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Cash Equivalents and Outstanding Debts

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

Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.			vers period CE 31/08	CALIFORNIA 460	
NAME OF FILER	ONS ON REVERSE			through	51/06	Page I.D. N	of Lo
<u> </u>	helps for School Board	·				10	173225
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
12/8/08	The byatts 1119 armada Dr. Pasaduna CA, 91103	MIND COM OTH PTY SCC	Attorney	300.W	300.00		
12/6/06	Danville, CA 94506	DHND COM OTH PTY SCC	CFO, Gruce Nota Inc	20,00	300,00)	
12/2/08	Jim Prelps, MD 1671 N. Laurel Uplands CA, 91784	QIND COM OTH PTY SCC	Retired	200.00	300.00	0	
12/8/28	Ray Prelps 771 Cailadost. Camarillo, CA 93010	Øind □com □oth □pty □scc	Netired	200.00 200.00			
12/4)08	Mairice Morse 275 E. Pentasin autodine CA 91001	⊠IND □COM □OTH □PTY □SCC	Retired, PUSD	100.00 100.00			
			SUBTOTAL \$	1000.00			
(Include all 2. Amount rec 3. Total monet	A Summary served this period – itemized monetary contributions. Schedule A subtotals.) served this period – unitemized monetary contributions ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colum	of less than \$	100 \$		IND-I COM- OTH- PTY-	other (Other (Political	nt ont Committee than PTY or SCC) (e.g., business entity)
		. ,	· · · · · · · · · · · · · · · · · · ·			EDDC	Form 460 (January/05)

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Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 7 1 08 through 12/31/08			SCHEDULE A (CONT CALIFORNIA FORM 460	
NAME OF FILER	helps for School Borand					1	imber 73225	
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 Y (JAN. 1 - DEC	EAR .	PER ELECTION TO DATE (IF REQUIRED)	
12/8/08	David Goodenach 4024 Ventura Cyn Are. Sherman Oaks, CA 91433	MND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Advisor, Margan Stanley	100.00	100.00			
12/14/08	The Sheckelfords 931 to woodbury Rd Celtudence CA 91001	DOTH SCC	Retirect	100.00	100.00)		
12/14/08	Stunley+ Borbara Shrinkept 1445 Performentst. Pasadena, CA 91104	□ IND □ COM □ OTH □ PTY □ SCC	Retured + Teacher @ Funtrudy Prep	100.00	100.00	>		
30/21/61	Guil Bub cock 1500 Park Place San Marine CA, 91108	MIND COM OTH PTY SCC	Retired	500.00	500.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	800.00				

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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