				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink. 5/8 2/22/09 - 6/30/09		CEIVED CALIFORNIA 2001/02 FORM	
(Government Code Sections 04200-04210.3)	Statement covers period from 2 2 1 09	Date of election if applicable: (Month, Day, Year) O NA 24	A9 '47	ge1 of6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through3 10 09	3/10/09 017 0	ERK CABENA	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement!		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain below)	☐ Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information	D. NUMBER # 1315478	Treasurer(s)	-	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Committee to Elect TAriNLE Tyles STREET ADDRESS (NO P.O. BOX) 762E. ORZNOG GroveBL. #5		PASADENA, CA	Cow-Tyler Corowebl#5 L 31104	AREA CODE/PHONE (626)396-9396
PASAdeNA, CA. STATE ZIP C	14 (626) 396-9396	NAME OF ASSISTANT TREASURER, IF	ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS		•
CITY STATE ZIP (CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State Executed on 8 18 09 Executed on Date Executed on Date Executed on Date	By	ny knowledge the information contained here and correct. Signature of Treasurer or Assistant Treasure on Treasure of Controlling Officeholder, Candidate, State Measure Proponent of Controll	r Responsible Officer of Sponsor	
Date		-	FPPC 1	oll-Free Helpline: 866/ASK-FPPC State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

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NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
CITY (OUNCIL -) RESIDENTIAL BUSINESS ADDRESS (NO. A 762 E. ORANGE Gr	O'ST.5 PASADENA, CA. ND STREET) CITY STATE ZIP THE BL #5 PASADENA, CA 91104	Identify the controlling of			proponent, if a
7 20 37 9		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPON	IENT	
	led in this Statement: List any committees ontrolled by you or are primarily formed to receive behalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER				
		7. Primarily Formed Cor			
NAME OF TREASURER	CONTROLLED COMMITTEE?	which this committee is prin		es of officeholder(s) or c	andidate(s) for
	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX)		narily formed.	es of officeholder(s) or o	SUPPOR
COMMITTEE ADDRESS STREET AD	☐ YES ☐ NO	which this committee is prin	CANDIDATE OF		SUPPOR OPPOSE
COMMITTEE ADDRESS STREET AD	YES NO NO P.O. BOX)	which this committee is prin	CANDIDATE OFI	FICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR
	☐ YES ☐ NO DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	which this committee is prin	CANDIDATE OFI CANDIDATE OFI CANDIDATE OFI	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD CITY COMMITTEE NAME NAME OF TREASURER	TYES NO ODRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	which this committee is pringle of officeholder or name of officeholder or name of officeholder or	CANDIDATE OFI CANDIDATE OFI CANDIDATE OFI	FICE SOUGHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR

Campaign Disclosure Statement Summary Page

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Type or print in ink.

Amounts may be rounded to whole dollars.

through 3/10/09 CALIFORNIA 460

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I.D. NUMBER

SUMMARY PAGE

NAME OF FILER # 1315478 Column A Column B Calendar Year Summary for Candidates **Contributions Received** Running in Both the State Primary and **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date Ø Ø 2. Loans Received Schedule B, Line 3 20. Contributions 1332 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Ø Received 0 Ø 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 1332 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1766 • 93 6. Payments Made Schedule E, Line 4 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$1766.93 Date of Election Total to Date (mm/dd/yy) Ø 10. Nonmonetary Adjustment Schedule C, Line 3 300.₹ 1466.93 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash from Column B of your last report. Some amounts in ø 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only Ø 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E **Payments Made**

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

MBR member communications MTG meetings and appearances

OFC office expenses

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period CALIFORNIA I.D. NUMBER

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

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CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)*

NAME OF FILER

THE Committee to Elect TARINGE Tyler

CVC clvic donations candidate filing/ballot fees candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	POS postage, deli			ls same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Port X press		Lix	Campaign lit & MaiLings	#900.00
* Payments that are contributions or independent expenditures	must also be summ	arized on Sc	hedule D. SUBTOTAL	.\$ \$900.00
Schedule E Summary 1. Payments made this period of \$100 or more. (Include all So	chedule E subtotal	s)	\$	\$ 900.00
Unitemized payments made this period of under \$100			\$ -	ø,

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