onent FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-3772)

Executed on _

COVER PAGE - PART 2
CALIFORNIA 460
FORM

Page 2 of 6

	ittee	6. Primarily Formed Ballo	ot Measure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Tarince Tyler					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Pasadena City Council District 5					OPPOSE
,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	TY STATE ZIP	Identify the controlling off	iceholder, candidate, or	state measure p	roponent, if any.
702 E. Ordrige Grove Bivd. #0	na, OA 31104	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER			<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Cand			
	YES NO				u.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	JX)	NAME OF OFFICEHOLDER OR O	ANDIDATE OFFICE SO	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP O	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SC	OUGHT OR HELD	
			ł		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	OUGHT OR HELD	OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	OUGHT OR HELD	
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C		OUGHT OR HELD	OPPOSE SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?				OPPOSE SUPPORT
	CONTROLLED COMMITTEE?				OPPOSE SUPPORT OPPOSE SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C		DUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT

Campaign	Disclosure	Statement
Summary I	⊃age	

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Have Requested The Committee to Elect Tarince Tyler Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 376 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 376 376 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 0 0 21. Expenditures 376 376 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 316.75 316.75 Candidates Payments Made Schedule E, Line 4 0 0 Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 316.<u>75</u> 316.75 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 200 200 Date of Election Total to Date 0 (mm/dd/yy) 0 10. Nonmonetary Adjustment Schedule C, Line 3 316.75 316.75 **Current Cash Statement** 0 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 376 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 316.75 15. Cash Payments Column A, Line 8 above Column A may be negative 59.25 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** 18. Cash Equivalents See instructions on reverse 200 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from1/1/09		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through1/	24/09	Page	4 of6
NAME OF FILER							JMBER
The Com	mittee to Elect Tarince Tyler					Have	Requested
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)
1/12/09	Carmen J. Blake 18222 Park View Lane Apt 205 Huntington Beach, CA 92648	☑IND □COM □OTH □PTY □SCC	Travel Agent	100			
1/13/09	Barbara Monk 18375 Collins St. Apt 205 Tarzana, CA 91356	☑IND □COM □OTH □PTY □SCC	Hair Stylist	50			
1/16/09	Patricia M. Verducci	☑IND □COM □OTH □PTY □SCC	Screenwriter	20			
1/21/09	Shamsi Katebi 1922 S Barrington Ave Los Angeles, CA 90025	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Head Librarian	35			
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			
	A Summary	AUAU			1 .	tributor (
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)					IND – Individual COM – Recipient Committee (other than PTY or SCC)		
	eceived this period – unitemized monetary contribution						(e.g., business entity)
3. Total mon	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			070		– Small	Contributor Committee
					Toll-Free Helpline		C Form 460 (January/05) SK-FPPC (866/275-3772)

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER The Committee to Elect Tarince Tyler	Amounts may be rounded to whole dollars. UCTIONS ON REVERSE ILLER		from1/1/09 through1/24/09			CALIFORNIA 460 Page 6 of 6 I.D. NUMBER Have Requested	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FL campaidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MBR member commeetings and OFC office experiments petition circumphone banks polling and postage, del	nmunications d appearance nses llating s survey resear ivery and me	s	RAD radio RFD return SAL campi TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter	airtime and production ed contributions aign workers' salaries cable airtime and prod late travel, lodging, and pouse travel, lodging, er between committee:	costs duction costs d meals and meals s of the sar	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF PA	YMENT		AMOUNT PAID
Perry Political Software		PÓL	Voter Records				\$95.00
Vista Print / Fed Ex Kinkos		LIT	Business Cards	- Reproduction	on of Flyers		\$84.48
Vista Print		СМР	Lawn Signs				\$87.27
* Payments that are contributions or independent expenditures mi	ust also be summ	arized on S	chedule D.		SU	BTOTAL\$	266.75
Schedule E Summary				A contract of the contract of			
1. Itemized payments made this period. (Include all Schedule E	subtotals.)				***************************************	\$	266.75
2. Unitemized payments made this period of under \$100						\$	
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part	1, Column (e).)			\$	0

316.75

SCHEDULE E

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round	Statement cove		CALIFORNIA 460		
Accided Expenses (Onhald Bills)	to whole dollars.		from1/1	/09	FORM 400	
SEE INSTRUCTIONS ON REVERSE			through1/2	24/09	Page7 of7	
NAME OF FILER				1.1	D. NUMBER	
The Committee to Elect Tarince Tyler				F	lave Requested	
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Ot	herwise, describe t	he payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL parameter candidate filing/ballot fees FND fundraising events LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TL. v. or cable air TRC candidate trave TRS staff/spouse tr. TSF transfer betwee VOT voter registrati WEB information tec	ibutions kers' salaries time and production al, lodging, and mea avel, lodging, and r en committees of the on	n costs ils neals ne same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Aaron Thacker 86 N. Allen Ave. #10 Pasadena, CA 91106	WEB	200	200		0 200	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ \$		\$	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at a content of the second s			INCU	RRED TOTALS	\$ \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p				PAID TOTALS	s \$	
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	d 		NET	\$ 200 May be a negative number	

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