Recipient mmittee		CODY	D.1. O.	€ FRPAGE
Campaign catement Cover Page (Government Code Sections 84200-84216.5)	Type or print in .	СОРҮ	Date Stemp	CALIFORNIA 460 2001/02 FORM
	Statement covers period from 07-01-05	Date of election if applicable: (Month, Day, Year)	RECEIVE 706 JAN 31 P4	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12-31-05		: 	, i
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	CITY CLEAD CITY OF PASADE	11/1/
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	tallot Measure Committee Primarily Formed Controlled Sponsored Sto Complete Part 6) Trimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain be	□ Qu □ Spo □ Su	arterly Statement ecial Odd-Year Report oplemental Preelection ternent - Attach Form 495
	D. NUMBER 1272829	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
COMMITTEE TO RE-ELECT CHRIS HO	OLDEN 2005	CHRISTOPHER R MAILING ADDRESS 589 JACKSON ST		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
589 JACKSON STREET CITY STATE ZIP CO PASADENA CA 911 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	04 626 744-4738	PASADENA NAME OF ASSISTANT TREASUR MAILING ADDRESS		104 626 744-4738
CITY STATE ZIP CO	DDE AREA CODE/PHONE	СІТҮ	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the taws of the State X Executed on	of California that the foregoing is true By Signature of Co.	ond correct. Stringure of Treasury or Assistant Living UT Colors	Treasurer oponent or Responsible Officer of Spons	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 6

Officeholder or Candidate Controlled Committ	ee	6.	Ballot Measure Comm	ittee		•	
NAME OF OFFICEHOLDER OR CANDIDATE CHRISTOPHER R HOLDEN			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT OF CITY COUNCIL-PASADENA, CA - D			BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 117 E COLORADO BL, 6TH FL, PA			Identify the controlling of	ficeholder, car	ndidate, or state r	neasure p	roponent, if any
Related Committees Not Included in this State	ment: List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR			
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candle COMMITTEE NAME	dacy.		OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
CHRIS HOLDEN FOR MAYOR	D. NUMBER 983364						
NAME OF TREASURER (CHRISTOPHER R HOLDEN	CONTROLLED COMMITTEE?	7.	Primarily Formed Con which this committee is prim	nmittee List parily formed.	names of officehold	der(s) or ca	ndidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP COD PASADENA CA 9110	- """		NAME OF OFFICEHOLDER OR	CANDIDATE .	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
	D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX.	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
	-				<u> </u>		
CITY STATE ZIP COD	E AREA CODE/PHONE		Atta	ch continuatio	on sheets If neces	sary	

Campaigr	sclosure!	Statement
Summary Pa	lge	•

SEE INSTRUCTIONS ON REVERSE

Type or prin ink.

Amounts may be rounded to whole dollars.

NAME OF FILER CHRISTOPHER R HOLDEN			1.D. NUMBER 1272829
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	1000.00	\$\frac{5025.00}{0}\$ \$\frac{5025.00}{6300.00}\$ \$\frac{11325.00}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	1000.00	\$\frac{18460.41}{0}\$ \$\frac{18460.41}{0}\$ \frac{6300.00}{24760.41}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) /
Current Cash Statement 12. Beginning Cash Balance	0 0 2317.80 2318.99	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. *Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. *PPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedu Nonmor	le (netary Contributions Received		Type or printk. Amounts may be rounded to whole dollars.		fro	Statement covers			ORNIA 460
SEE INSTRUCT	TIONS ON REVERSE				thr	12-31- ough	-05	Page	4 of6
	CHRISTOPHER R HOLDEN		<u> </u>					I.D. NUMI 127	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
12-14-0	ROBIN'S RESTAURANT 395 N ROSEMEAD BLVD PASADENA CA 91105	□IND □COM ☑OTH □PTY □SCC		FOOD	_	1000.00	1000.		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			-				, .
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labe	led continuati	ion sheets.	SUBTO	TAL S	1000.00			
 Amount r (Include a Amount r Total non 	e C Summary received this period – nonmonetary contribut all Schedule C subtotals.) received this period – unitemized nonmonetary monetary contributions received this period. es 1 and 2. Enter here and on the Summary	ary contribution	ns of less than \$100	•	\$_		IND- COM OTH PTY-	(other that - Other - Political P	Committee an PTY or SCC)
			,		- •		FPPC Toll-	FPPC Free Helpl	Form 460 (June/01) ine: 866/ASK-FPPC

Schedule i Summary of Expenditures Supporting/Opposing Other		Type or print in Amounts may be re	Statement cover	s period	SCHEDULED		
Candidate	es, Measures and Committees	to whole dollar		from07-01-	1.0	CALIFO FOR	RM 460
	ONS ON REVERSE			through12-31	-05	Page	5 of <u>6</u>
NAME OF FILER	CHRISTOPHER R HOLDEN	·				1.D. NUM 12728	BER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12-02-05	CITIZENS TO SAVE THE ROSE BOWL ID# 1280756			2000.00	2000.	00	
	Support ☐ Oppose	Expenditure		1		14	
		Monetary Contribution Nonmonetary Contribution Independent					
	☐ Support ☐ Oppose	Expenditure					
		Monetary Contribution Nonmonetary Contribution					. •
	Support Dppose	Independent Expenditure		*			•
			SUBTOTAL	\$2000.00			
Schedule i	D Summary						
1. Contributio	ons and independent expenditures made this perio	od of \$100 or more. (Incl	ude all Schedule D sub	totals.)		\$	2000.00
	d contributions and independent expenditures ma						
	ibutions and independent expenditures made this						2000.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Payments Made SEE INSTRUCTIONS ON REVERSE	Type or pri Amounts may to whole	be rounded	ı	Statement covers)5 FO	CALIFORNIA 460	
NAME OF FILER CHRISTOPHER	R HOLDEN			through	Page _ I.D. NU 1.27	or	
CODES: If one of the following codes accompaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ND legal defense LT campaign literature and mailings	MBR member coo MTG meetings a OFC office expe PET petition circ PHO polling and POS postage, de	mmunications nd appearance enses culating cs survey resea	ces	RAD radio airtime and p RFD returned contributes SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, lo STAF staff/spouse travel, TSF transfer between c VOT voter registration	ment. production costs ons salaries and production cost diging, and meals bodding, and meals	ts me candidate/sponso	
NAME AND ADDRESS (IF COMMITTEE, ALSO ENTER	OF PAYEE R.D. NUMBER)	CODE	OR DESC	CRIPTION OF PAYMENT		ÁMOUNT PAID	
CITIZENS TO SAVE THE ROSE B 601 S GLENOAKS BLVD # 211 BURBANK CA 91502	OWL	СТВ				2000.00	
JACQUELINE MCINTYRE 422 N MARENGO AVE PASADENA CA 91101		MTG		OR RAFFLE GIFTS S PARTY ON 12-1		114.33 ·	
		·					
* Payments that are contributions or independ	ent expenditures must also be summ	narized on S	Schedule D.		SUBTOTAL	2114.33	
Schedule E Summary 1. Payments made this period of \$100 or mo	re. (Include all Schedule F subtota	ıls \				2114.33	

2. Unitemized payments made this period of under \$100

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

203.47

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