Campaign Statement	Type or print in ink.		Date Stamp CALIFORNIA 16	
Cover Page (Government Code Sections 84200-84216.5)		RECEIVED)	2001/02 40
(COTAINIBIN COCC SECTIONS 04200-64216.5)	Statement covers period from O\ OS / OS	Date of election if applicable: P 4:	12	Page of
SEE INSTRUCTIONS ON REVERSE	through 0\/22/05	03/08/05/0	4,	1 of Official Ode Offin
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee ○ Recall (Mac Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	Speci	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	D. NUMBER 1273ABA	Treasurer(s)		
		1100 PJ T		
STREET ADDRESS (NO P.O. BOX) 1485 S. Mountain St. CITY STATE ZIP CO TASABENA (B. 91) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. 1	THILL TODE THOU	NAME OF ASSISTANT TREASURER, IF	STATE ZIP CO	DDE AREA CODEIR
1485 S. Mountain St. Pasadena (A. 911/02	1 (62C) 4D5-1425	NAME OF ASSISTANT TREASURER, IF	CA. QI	104 (rse)39
TABS S. Mountain St. STATE ZIP C. Pasadena (A. 91) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	25 Al-20A (222) A	NAME OF ASSISTANT TREASURER, IF	CA. QU	104 (rse)39
AMAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on 06 10 05 Date	g this statement and to the best of my kr ia that the foregoing is true and correct.	NAME OF ASSISTANT TREASURER, IF MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	ANY STATE ZIP CO d in the attached schedul Responsible Officer of Speagor	DDE AREA CODE/P
CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on Ob 10 OS	g this statement and to the best of my kria that the foregoing is true and correct. By By Signeture (C.	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS cowledge the information contained herein and signature of Tourist or Assistant Treasure onlinding Officeholder, Candidate, State Measure Proponent or	STATE ZIP CO	DDE AREA CODE/

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

NAME OF OFFICEHOLDER OR CANDIDATE		Primarily Formed Ballot	t Measure Committee	3	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT OSACLE NO NILE O SCHOOL NI RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	strict. Trustee Sent7	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE	
1485 E. Mountain St. Pozon	Jena, (A. 9/104	NAME OF OFFICEHOLDER, CANE		tate measure proponent, if	f any.
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME	1.D. NUMBER 1273484			1	
	CONTROLLED COMMITTEE? 7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this committee i	ommittee List names of sprimarily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD	
OINE ZIPOOI	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR C.	ANDIDATE OFFICE SOL	JGHT OR HELD SUPPO	
		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD SUPPO	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	JGHT OR HELD SUPPO	
CITY STATE ZIP COI	DE AREA CODE/PHONE	Attac	h continuation sheets if	necessary	•

Campaign	Disclosure	Statement
Summary I	Page	

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

SUMMARY PAGE

Statement covers period CALIFORNIA 201 20 **FORM** through 01 22 05 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1273484 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 5F2.0 1. Monetary Contributions Schedule A, Line 3 <u>572</u> 1/1 through 6/30 7/1 to Date 2. Loans Received 0 SUBTOTAL CASH CONTRIBUTIONS 6.572 SFZ, 2 20. Contributions Received 0 Nonmonetary Contributions Schedule C, Line 3 ᡇ 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made 204.FC 204.80 Candidates 7. Loans Made Schedule H. Line 3 G 22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit) 08.405 SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills)Schedule F, Line 3 O O Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0 0 (mm/dd/yy) 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 SDA.BO 204.80 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add SF2 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. <u>05. 40</u>S 15. Cash Payments Column A, Line 8 above report. Some amounts in 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 17. LOAN GUARANTEES RECEIVED 0 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0 18. Cash Equivalents See instructions on reverse 0 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)