Rec., .ent Committee Campaign Statement	Type or print in	ink.	Date Stamp	CALIFORNIA 160
Cover Page				2001/02
(Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	statement covers period from 10105	Date of election if applicable! (Month, Day, Year)  03   08   05	6171/ 01/5/01/	Page
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TTY OF DACADERA	
( ) State Candidate Election Committee	tallot Measure Committee Primarily Formed Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	☐ Preelection Statement ☑ Segni-annual Statement ☑ Termination Statement ☐ Amendment (Explain t	Quar  Spec	terly Statement cial Odd-Year Report Diemental Preelection ment - Attach Form 495
3. Committee Information	NUMBER 2 2 A Q Q	Treasurer(s)		
STREET ADDRESS (NO PO. BOX)  ABS Z. MONTON TO COMMITTEE)  STREET ADDRESS (NO PO. BOX)  ABS Z. MONTON TO COMMITTEE)  STATE ZIP CO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BI  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS	(re) 402-1452	MAILING ADDRESS  MAILING ADDRESS  CHE OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDI	STATE ZIP CO	(esc) 308-060
4. Verification  I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Date  Executed on Date  Executed on Date	BySignature of Con	Signature of Tregister or Assistant strolling Officeholder, Candidate, Statis Measure Pro-	Treasurer  opcnent of Responsible Officer of Sponsor  State Measure Proponent	chedules is true and complete. I
Usuu		Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (June/01) PC 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 4

							<del>-</del>	-
5.	Officeholder or Candidate Controlled Comm	ittee	6.	Ballot Measure Commit	tee			,
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	$\mathcal{L}$	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPOI	
	1485 & Mountain H.	10 m 1 d 12 m 2 to 101 2 70			Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
	not included in this statement that are controlled by you of	lated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			NO. IF ANY	
	contributions or make expenditures on behalf of your candidacy.  COMMITTEE NAME  I.D. NUMBER					Domici	DISTRICT NO. IF ANY	
	•		-	<b>5</b>				
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Community which this committee is primare	nittee List n ily formed.	ames of officeholder(s	) or candidate	(s) for
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	,		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HI	□ s	UPPORT PPOSE
	CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	∏ SI	UPPORT PPOSE
		I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	∐ s	UPPORT PPOSE
	NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SI	UPPORT PPOSE
	CITY STATE ZIP CO							
	-··· SIME ZIP CC	AREA CUDE/PHONE		Attach	continuation	sheets if necessary		

Campaign Disclosure	Statement
Summary Page	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period CALIFORNIA FORM 7010F mon through 2131/05 Page 3 I.D. NUMBER 1273ABA or Candidates Primary and 7/1 to Date ry for State nditures Made\* Expenditure Limit)

SUMMARY PAGE

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$Ø	s 39234	General Elections		
2. Loans Received Schedule B, Line 3	X		1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$ 39 93A	20. Contributions		
4. Nonmonetary Contributions Schedule C, Line 3		750	Received \$ \$		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	s 40,684	21. Expenditures  Made \$\$		
Expenditures Made			Expenditure Limit Summary for State		
6. Payments Made Schedule E. Line 4	s <u>132.85</u>	s 30,798.18	Candidates		
7. Loans Made Schedule H, Line 3	<u></u>	&			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>132.8</u> J	\$ 39,798.18	22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		_	Date of Election Total to Date		
10. Nonmonetary Adjustment		750 -	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	* <u>132.85</u>	s 40,684	\$		
Current Cash Statement			\$\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	2 132.85	To calculate Column B. add			
13. Cash Receipts Column A, Line 3 above	<del>-</del>	amounts in Column A to the			
14. Miscellaneous Increases to Cash Schedule I, Line 4	Ø	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.		
15. Cash Payments Column A, Line 8 above	135.82	report. Some amounts in Column A may be negative	reported in Coldinates.		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	figures that should be			
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B. Perl 2	\$ _8	the first report being filed for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts	d	from Lines 2, 7, and 9 (if any).			
18. Cash Equivalents	\$	· · ·			
19. Outstanding Debts	\$		FPPC Toll-Free Helptine: 866/ASK-EPPC (866/275)		

FPPC Form 460 (January/05) elpline: 866/ASK-FPPC (866/275-3772)

## Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

tor School Board

Statement covers period CALIFORNIA 102 **FORM** Page CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*  legal defense  LEG campaign literature and mailings	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research professional services (legal, accounting) print ads  meetings and appearances RPD returned contributions returned contributions campaign workers' salaries t.v. or cable airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production co candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the s voter registration information technology costs (internet, or carbot airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs affigures and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures campaign workers' salaries t.v. or cable airtime and production costs affigures				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID			
ASDS Service Cented (Food 191 N. Only Ave Pazadena, Ca. 91107	CUC CUC	132.83			
* Payments that are contributions or Independent expenditures mu	ust also be summarized on Schedule D. SUBT	OTAL\$ \35.87			
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E	subtotals.)	\$ 135.87			
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).)\$					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)