

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>
<b>RECEIVED</b>	<b>60</b>
	Page <u>1</u> of <u>5</u>
	For Official Use Only
<b>'05 JAN 31 P3 57</b>	

Statement covers period from <u>7-01-2004</u> through <u>12-31-2004</u>	Date of election if applicable: (Month, Day, Year) <u>MAR 8-2005</u>
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees - Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="checkbox"/> State Candidate Election Committee  <input type="checkbox"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee  <input type="checkbox"/> Sponsored  <input type="checkbox"/> Small Contributor Committee  <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Ballot Measure Committee  <input type="checkbox"/> Primarily Formed  <input type="checkbox"/> Controlled  <input type="checkbox"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Preelection Statement  <input checked="" type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report  <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p>
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<p><b>3. Committee Information</b></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>PHELPS FOR SCHOOL BOARD</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>1117 FOREST AVE</u></p> <p>CITY <u>PASADENA</u> STATE <u>CA</u> ZIP CODE <u>91103</u> AREA CODE/PHONE <u>626-405-0165</u></p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>(626) 564-8640 SPHELPS@ALUMNI.CALTECH.EDU</u></p>	<p>I.D. NUMBER <u>1273225</u></p> <p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>JOHN DAVID DUNCAN</u></p> <p>MAILING ADDRESS <u>10 E. LAS FLORES DR.</u></p> <p>CITY <u>ALTADENA</u> STATE <u>CA</u> ZIP CODE <u>91001</u> AREA CODE/PHONE <u>626-398-0937</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <p>CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>
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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>01-28-05</u> Date	By <u>John David Duncan</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>01-28-05</u> Date	By <u>S. Phelps</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campan Disclosure Statement  
Summary Page

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

STATEMENT PAGE

Statement covers period from <u>7/01/04</u> through <u>12/31/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>5</u>
	I.D. NUMBER <u>1273225</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PHELPS FOR SCHOOL BOARD

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>932.83</u>	\$ <u>932.83</u>
2. Loans Received ..... Schedule B, Line 3	<u>NONE</u>	<u>NONE</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>932.83</u>	\$ <u>932.83</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>NONE</u>	<u>NONE</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>932.83</u>	\$ <u>932.83</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>NONE</u>	\$ <u>NONE</u>
7. Loans Made ..... Schedule H, Line 3	<u>NONE</u>	<u>NONE</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>NONE</u>	\$ <u>NONE</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>NONE</u>	<u>NONE</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>NONE</u>	<u>NONE</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>NONE</u>	\$ <u>NONE</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>932.83</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>NONE</u>
15. Cash Payments ..... Column A, Line 8 above	<u>NONE</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>932.83</u>

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).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>NONE</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>NONE</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>NONE</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/01/04</u> through <u>12/31/04</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>5</u> I.D. NUMBER <u>1293225</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*PHELPS FOR SCHOOL BOARD*

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5	THE PINES 3445 ELLINGTON VILLA ALTADENA, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR CALTECH	\$100.		
12/12	THE BYERLYS 2219 N. HILL AVE ALTADENA, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR USC	\$50.		
12/14	TOBIAS JACOBY 1155 E. DEL MAR BLVD. #317 PASADENA, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER PUSD	\$30.		
12/16	THE BEADLES 1835 BELLFORD AVE. PASADENA, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME MAKER N/A	\$37.50		
12/20	SHELLEY McDONALD 3678 HOLBORO DR. LOS ANGELES, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER PUSD	\$50		
<b>SUBTOTAL</b>				<b>\$267.50</b>		

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 882.50
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 50.33
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 932.83

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/01/04	
through	12/31/04	Page <u>4</u> of <u>5</u>
		ID NUMBER 1273225

NAME OF FILER

PHELPS FOR SCHOOL BOARD

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29	DUNCAN GROUP & ASSOC. 10 E. LAS FLORES DR. ALTADENA, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ADVISOR  SELF	\$100.		
12/29	DIANNE FLOOD 125 ESPERANZA AVE. UNIT 2 SIERRA MADRE, CA 91024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED TEACHER  PUSD	\$100.		
12/29	THE HUMMELS 1401 OAKCREST AVE. SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER  ST. MARK'S	\$100.		
12/29	THE HOGES 1041 AVON PLACE SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL, TEACHER  PUSD	\$100.		
12/29	THE WILCOXES 734 N. WILSON AVE PASADENA, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED TEACHER  PUSD	\$100.		
<b>SUBTOTAL \$</b>				500.00		

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/01/04</u> through <u>12/31/04</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>5</u>		
NAME OF FILER <u>PHELPS FOR SCHOOL BOARD</u>		I.D. NUMBER <u>1273225</u>

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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29	JEANETTE MUIRHEAD P.O. BOX 929 SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR SELF	\$50.		
12/29	GABRIEL SHALLCROSS 167 MONTEREY ROAD UNIT D SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUS. CONSULTANT SELF	\$40.00		
12/29	CHARLES HUMMEL 1401 OAK CREST AVE SOUTH PASADENA, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STUDENT CLAREMONT COL.	\$25.		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<u>115.00</u>		

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee