

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE:

Date Stamp <b>RECEIVED</b> <b>04 JUL 29 P2:46</b> CITY CLERK	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
Page <u>1</u> of <u>4</u>	
For Official Use Only	

Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u>	Date of election if applicable: (Month, Day, Year) _____
--------------------------------------------------------------------------------	----------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                       |                                                                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                                                               |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Primarily Formed                                                                          |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Controlled                                                                                |
| <input type="checkbox"/> General Purpose Committee                    | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>                                                |
| <input type="radio"/> Sponsored                                       | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="radio"/> Small Contributor Committee                     |                                                                                                                 |
| <input type="radio"/> Political Party/Central Committee               |                                                                                                                 |

**2. Type of Statement:** CITY OF PASADENA

- |                                                           |                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |                                                                                  |

**3. Committee Information**

I.D. NUMBER  
990234

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Sidney F. Tyler, Jr. - District 7

STREET ADDRESS (NO P.O. BOX)

969 S Madison Av

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626-399-9515

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

styler@cityofpasadena.net

**Treasurer(s)**

NAME OF TREASURER

Russell Thyret

MAILING ADDRESS

390 E Glenarm St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626-441-1777

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

rthyret@earthlink.net

**4. Verification**

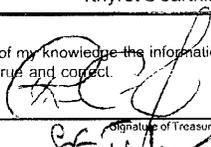
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

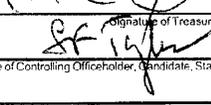
Executed on 07/18/2004  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By   
Signature of Treasurer or Assistant Treasurer

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from 01/01/2004 through 06/30/2004	<b>CALIFORNIA FORM 460</b>
Page 2 of 4	I.D. NUMBER 990234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sidney F. Tyler, Jr. - District 7

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0	\$ _____
2. Loans Received ..... Schedule B, Line 3	0	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0	\$ _____

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 2,923	\$ _____
7. Loans Made ..... Schedule H, Line 3	0	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 2,923	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	_____
10. Nonmonetary Adjustments ..... Schedule C, Line 3	0	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 2,923	\$ _____

**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	\$ 9,298
13. Cash Receipts ..... Column A, Line 3 above	0
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	38
15. Cash Payments ..... Column A, Line 8 above	2,923
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,413

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.

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E  
Payments Made**

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

Statement covers period		SCHEDULE E	
from	01/01/2004	<b>CALIFORNIA FORM 460</b>	
through	06/30/2004		
		Page	3 of 4
NAME OF FILER		I.D. NUMBER	
Sidney F. Tyler, Jr. - District 7		990234	

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster 91109	POS		892
Licher Direct Mail 980 Seco St Pasadena CA 91103	LIT		2,031

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 2,923**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 2,923
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.)	<b>TOTAL \$ 2,923</b>

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u>	<b>CALIFORNIA FORM 460</b> Page <u>4</u> of <u>4</u>
I.D. NUMBER 990234	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Sidney F. Tyler, Jr. - District 7

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

1. Increases to cash of \$100 or more this period. ....	\$	38
2. Unitemized increases to cash under \$100 this period. ....	\$	38
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$</b>	<b>38</b>