Recipier ommittee Campaign Statement	Type or print in a	1	Date Stamp		ORNIA 460
(Government Code Sections 84200-84216.5)		REC!	EIVED		RM TOO
	Statement covers period from 01/01/2004	Date of election if applicable: (Month, Day, Year)	CLEEK		1 / 6 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2004	CHTY OF	PASAULHA		
Type of Recipient Committee: All Comm Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	nittees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement: Semi-annual Statement Termination Statement: Amendment (Explain be SUMMARY PAGE, SCH	t elow)	Special O	Statement dd-Year Report intal Preelection t - Attach Form 495
3. Committee Information	I.D.NUMBER 1227791	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE NEIGHBORS AND FRIENDS FOR GORDO	EE .	NAME OF TREASURER DONALD GARRETT			
STREET ADDRESS (NO P.O. BOX) 414 N, RAYMOND AVENUE		MAILING ADDRESS 4123 LANKERSHIM BLVD.		······································	
CITY STATE ZIP C PASADENA CA 9110		CITY NORTH HOLLYWOOD	STATE CA	ZIP CODE 91602	AREA CODE/PHONE (818) 769-2010
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	NAME OF ASSISTANT TREASURER, I	FANY		
CITY STATE ZIP C	ODE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX/E-MAIL ADDRESS			
Executed on $1-2$ (-2) By		ifornia that the foregoing is true and assistant treasure to the same and assistant treasure proposed to the same assistant of the s	correct.		
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER				PC Form 460 (June/01) elpline: 866/ASK-FPPC State of California

Type or | in ink.

Recipiène Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

2 / 6

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT N	JMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	DN	F	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY	STATE ZIP	Identify the controlling office	ceholder, can	didate, or state	e measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Includer not included in this statement that are control contributions or to make expenditures on beh	lled by you or are prin	arily formed to receive	OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
COMMITTEE NAME	I.D	NUMBER	Primarily Formed (e List names	of officeholder(s	s) or candidate(s) for
NAME OF TREASURER	1	INTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	RESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY	STATE ZIP CODE	AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D	NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	1 .	NTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	RESS (NO P.O.BOX)				1		i

Campaig Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type c ___nt in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER NEIGHBORS AND FRIENDS FOR GORDO						I.D. NUMBER	
Contributions Received		COLUMN A FAL THIS PERIOD FACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
Monetary Contributions Schedule A, Line 3	\$	485.52	. \$	485.52	General Election	ns .	
2. Loans Received Schedule B, Line 7		0.00		0.00	I .	1 through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	485.52	. \$	485.52	20. Contribution Received \$	0.00 \$ 0.00	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		485.52	. \$	485.52	21. Expenditures Made \$	0.00 \$ 0.00	
Expenditures Made		······································			Expenditure Lim	nit Summary'for State	
6. Payments Made Schedule E, Line 4	\$	48.00	. \$	48.00	Candidates		
7. Loans Made Schedule H, Line 7		0.00		0.00		ative Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	48.00	. \$	48.00	(If Subject to Vo	o Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	48.00	. \$	48.00		<u> </u>	
Current Cash Statement						\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			iculate Column B, add nts in Column A to the		\$	
13. Cash Receipts Column A, Line 3 above		485.52	corre	sponding amounts		. \$	
14. Miscellaneous Increases to CashSchedule I, Line 4		2.43		Column B of your last		_ \$	
Cash Payments Column A, Line 8 above		48.00		nn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	2625.41		s that should be acted from previous		\$	
If this is a termination statement, Line 16 must be zero.				d amounts. If this is st report being filed	1	•	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	carry	s calendar year, only over the amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents			from (any).	ines 2, 7, and 9 (if		01. Amounts in this section may be transported in Column B.	
, ad \$10 2 - \$10 0 11 Oddill D 80000	*				FPPC To	FPPC Form 460 (June/01) II-Free Helpline: 866/ASK-FPPC	

Schedule Monetary	Contributions Received	Amou	oe o. t in ink. nts m _{e y} be rounded o whole dollars.	Statement covers period from 01012004		W. S. S. S. S. S. V.	IFORNIA 460
SEE INSTRUCTIO	NS ON REVERSE			through 06 13	012004		4/6
NAME OF FILER NEIGHBORS	AND FRIENDS FOR GORDO						lumber 7791
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ID:	CONTRIBUTOR CODE* IND COM OTH PTY SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TC CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)

	SUBTOTAL \$	0.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	0.00	*Contributor Codes IND - Individual COM - Recipient Committee
Amount received this period - unitemized contributions of less than \$100	\$	485.52	(other than PTY or SCC) OTH - Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$	485.52	PTY - Political Party SCC - Small Contributor Committee

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