•	ec. ചnt Committee ampaign Statement	Type or print in i	nk.	Date Stamp					
	overnment Code Sections 84200-84216.5)	•		Jan. 31, 20	25	2001/02 46U FORM			
		Statement covers period	Date of election if applicable:	6:59 pm	<i>i</i> . ~ _	1/6			
		from01/01/2005	(Month, Day, Year)	By Jene 182	195	For Official Use Only			
SEE	EINSTRUCTIONS ON REVERSE	through 01/22/2005	03/08/2005	cong ce	120				
1.	Type of Recipient Committee: All Commit	tees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	ent:	L				
	Officeholder, Candidate Controlled Committee O State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee Political Party/Central Committee	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	∑ Pre-election State	ment ment	☐ Speci ☐ Suppl	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495			
3.	Committee Information	I.D.NUMBER 1227791	Treasurer(s)						
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NEIGHBORS AND FRIENDS FOR GORDO		NAME OF TREASURER DONALD GARRETT						
	STREET ADDRESS (NO P.O. BOX) 414 N. RAYMOND AVENUE	W	MAILING ADDRESS 4123 LANKERSHIM BLVD).					
	CITY STATE ZIP COD PASADENA CA 91103	(818) 769-2010	CITY NORTH HOLLYWOOD	STATE CA	ZIP CODE 91602	AREA CODE/PHONE (818) 769-2010			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	NAME OF ASSISTANT TREASUR	ER, IF ANY					
	CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS						
	OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE			
			OPTIONAL: FAX/E-MAIL ADDRES	SS					
4.	Executed on By	reviewing this statement and to the under the laws of the State of California Aignature of Treasurer or A STROLLING OFFICEHOLDER, CANDIDATE, STATE	ornia that the foregoing is true a DONALD GARR SSISTANT TREASURER VICTOR GORD MEASURE PROPONENT OR RESPONSIBLE	end correct. ETT O OFFICER OF SPONSOR	rein and in th	ne attached schedules			
	Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER,			FPPC Toll-Fre	FPPC Form 460 (June/01) ee Helpline: 866/ASK-FPPC State of California			

1 or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			* ***	
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUM	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	ON] SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY	STATE	ZIP	Identify the controlling office	ceholder, cano	lidate, or state	measure pro:	OPPOSE
				NAME OF OFFICEHOLDER, CAI			measure proj	onent, il ally.
Related Committees Not Include not included in this statement that are contributions or to make expenditures on be	olled by you or are prima:	ent: List any comi rily formed to receive	mittees	OFFICE SOUGHT OR HELD	-		DISTRICT NO. I	FANY
COMMITTEE NAME	I.D.I	NUMBER	7	. Primarily Formed (Committed by formed.	C List names o	f officeholder(s) or candidate(s) for
NAME OF TREASURER		NTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
	DRESS (NO P.O.BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
CITY	STATE ZIP CODE	AREA CODE	PHONE					☐ OPPOSE
COMMITTEE NAME	I.D.F	IUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	<u> </u>	TROLLED COMMITTE	E?	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
								I LI OPPOSE

-Cam, xign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

ల or print in ink. Amounts may be rounded to whole dollars. Statement covers period from 01/01/2005 CALIFORNIA 460
through 01/82/2005 3/6

NAME OF FILER NEIGHBORS AND FRIENDS FOR GORDO							I.D. NUMBE	R	
							1227791		
Contributions Received	COlumn A Column B TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) TOTAL TO DATE			Calendar Year Summary for Candidates Running in Both the State Primary and					
Monetary Contributions	\$		\$		General El				
Loans Received	\$	0.00 4575.00	_	0.00 4575.00	20. Contribution		through 6/30		1 to Date
4. Nonmonetary Contributions Schedule C, Line 3		0.00	V	0.00	Received	\$	0.00	\$	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		4575.00	\$	4575.00	21. Expenditures Made	\$	0.00	\$	0.
Expenditures Made	-				Expenditur	re Lim	it Summa	ry for S	tate
S. Payments Made Schedule E, Line 4	\$		\$	550.00	Candidates	5		•	
7. Loans Made				0.00	22. C	umula	tive Expen	ditures !	Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	550.00	(II SI	ubject to	Voluntary Ex	penditure l	Limit)
. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of E			Total to	Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00		-337			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	550.00	\$	550.00			. \$		
Current Cash Statement		00470 40			l		\$		
Beginning Cash Balance Previous Summary Page, Line 16 Cosh Bassiste	\$			culate Column B, add its in Column A to the			¢		
Cash Receipts		4575.00 0.00		conding amounts olumn B of your last			J		
		550.00	report.	Some amounts in			\$		
Cash Payments	\$			n A may be negative that should be					
If this is a termination statement, Line 16 must be zero.		33303,40		ted from previous amounts. If this is	ļ ———		\$		
			the firs	t report being filed calendar year, only			\$		
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	carry o	ver the amounts					
Cash Equivalents and Outstanding Debts 8. Cash Equivalents		0.00	any).	nes 2, 7, and 9 (if	*Since January different from a	1, 200	1. Amounts in	this sect	ion ma
Cash Equivalents See instructions on reverse Outstanding Debts Add Line 2 + Line 9 in Column B above					amorein non a	iouiits	reported III (Joiuinin B.	
Continue of the continue of th	4	<u> </u>			FP	PC Tol	FPPC F I-Free Helpli	orm 460 ne: 866/A	(June/0

Sche le			or print in ink.		SCHEDULE		
Monetary	Contributions Received		nts may be rounded o whole dollars.	from 01/0	vers period	CALIFORNIA 4	
SEE INSTRUCTION	NS ON REVERSE			through_0//28	2/2005		4/6
NAME OF FILER	AND EDITING TO COLD O					I.D. No	ımber
NEIGHBORS A	AND FRIENDS FOR GORDO					1227	791
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 01/04/2005	Vivian Chamberlin 1769 Las Lunas Street Pasadena, CA 91106	X IND COM OTH PTY SCC	TEACHER/EDUCATOR L.A. Unified School Dist	250.00	25	0.00	
Rcpt Dt: 01/06/2005	Michael Winter 4 Goldenfield Aliso Viejo, CA 92656		VICE PRESIDENT Sares-Regis Group	500.00	50	0.00	
Rcpt Dt: 01/10/2005	Kennon G. Miedema 1245 N. Catalina Avenue Pasadena, CA 91104 ID:		TEACHER/EDUCATOR	100.00	10	0.00	
Rcpt Dt: 01/13/2005	Pasadena Firefighters Local 809 PAC 2065 N. Las Robeles Avenue Pasadena, CA 91104 ID: 862327	IND COM OTH PTY SCC		3500.00	350	0.00	
Rept Dt: 01/18/2005	Joseph Feinblatt 1174 N. Hudson Avenue Pasadenaq, CA 91104 ID:		ENERGY EFFICIENCY LADWP	100.00	100	0.00	
			SUBTOTAL S	4450.00		in a	
Schedule A 1. Amount rece (Include all S	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$	4450.00	IND	ntributor - Individ M - Recir	
	eived this period - unitemized contributions of less		,	125.00			r than PTY or SCC)
3. Total moneta	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co			4575.00	PTY	' - Politica	al Party Contributor Committee

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

	y of Expenditures	T or print in		Statement co	vers period	SCHEDULE		
	ng/Opposing Other tes, Measures and Committees	Amous may be to whole dolla		from		FORM 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>2//2</u>	2/2005		5/6	
NAME OF FILER						I.D. NU	JMBER	
NEIGHBORS	AND FRIENDS FOR GORDO	· · · · · · · · · · · · · · · · · · ·				1227	791	
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE T CALENDAR Y JAN.1 - DEC. 3	EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/22/2005	Esteban Lizardo Board of Education	Monetary Contribution		500.00		500.00		
	City Pasadena	Non-Monetary Contribution						
	District No: Support □ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 500.00				
Schedule	D Summary							
1. Contribut	ions and independent expenditures made this period o	of \$100 or more. (Inclu	de all Schedule D si	ubtotals.)		\$	500.00	
2. Unitemize	ed contributions and independent expenditures made t	his period of under \$1	00			•	0.00	

SCHEDULE D

500.00

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

Schedule D

									SCHEDULE
	ยนle E ments Made		Amoun	or print i ts may be whole dol	rounded	from	### ##################################	CALIFO	ORNIA AGC
SEE IN	STRUCTIONS ON REVERSE					throu	gh 01/32/2005	6	/6
NAME	OF FILER							I.D. NUM	BER
NEIG	HBORS AND FRIENDS FOR GORDO							122779)1
CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS	postage, de	id appeara ses ulating s survey rese livery and r	nces		returned contributions campaign workers' salarie t.v. or cable airtime and p c candidate travel, lodging, staff/spouse travel, lodgin transfer between committe voter registration	es roduction co and meals ag, and mea ees of the s	ls ame candidate/spon
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
	Lizardo For School Board 1641 N. Mar Vista Avenue	ID:	1272661	СТВ					500.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	500.00
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	500.00
2. Unitemized payments made this period of under \$100.	\$	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	550.00

Pasadena,

CA 91104

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