| Recipie Committee Campaign Statement Cover Page  | Type or print ı.  |  | Date Stamp  CALIFORNIA FORM  RECEIVED  Rece 1 of 6                      |  |  |  |  |
|--|---|--|---|--|--|--|--|
| (Government Code Sections 84200-84216.5)   | Statement covers period 2/18/07 6/30/07   | Date of election if applicable:<br>(Month, Day, Year)  | 7 P1 :36  | Page 1 of 6 For Official Use Only  |  |  |  |
| SEE INSTRUCTIONS ON REVERSE  | through   | dry  | <u> 1814</u>  |  |  |  |  |
| 1. Type of Recipient Committee: All Committees - Committe | omplete Parts 1, 2, 3, and 4.   | 2. Type of Statement Y OF F  | ASACTI.   |  |  |  |  |
| ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee   | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | ☐ Preelection Statement ☐ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Terminal ☐ Amendment (Explain below)   | ☐ Sp  | arterly Statement ecial Odd-Year Report pplemental Preelection stement - Attach Form 495 |  |  |  |
|  | D. NUMBER<br>1294707  | Treasurer(s)   |   |  |  |  |  |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE  |   | NAME OF TREASURER  |   |  |  |  |  |
| Michelle Richardson-Bailey aka<br>Friends of Michelle  |   | James Roquemore  MAILING ADDRESS  2469 Gien Canyon Rd.   |   |  |  |  |  |
| STREET ADDRESS (NO P.O. BOX) 1872 Lundy Ave.   |   | CITY<br>Altadena   | CA 910  | CODE AREA CODE/PHONE 001 626/372.2541  |  |  |  |
| Pasadena CA 9110   | 04 626/644.0707   | NAME OF ASSISTANT TREASURER, IF  | ANY   |  |  |  |  |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.  | BOX   | MAILING ADDRESS  |   |  |  |  |  |
| CITY STATE ZIP C   | ODE AREA CODE/PHONE   | CITY   | STATE ZIP   | CODE AREA CODE/PHONE   |  |  |  |
| OPTIONAL: FAX / E-MAIL ADDRESS   |   | OPTIONAL: FAX / E-MAIL ADDRESS   |   |  |  |  |  |
| 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on   | nia that the foregoing is true and orrect.  | owledge the information contained herein are signature of Assistant Treasure of Assistant Treasure of Assistant Treasure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Cand | or Responsible Officer of Spons<br>issure Proponent<br>issure Proponent |  |  |  |  |

Type or print in ink.

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

Page 2 of 6

|   | NAME OF OFFICEHOLDER OR CANDIDATE |                           |               | NAME OF BALLOT MEASURE |                        |                 |                                |  |  |
|---|-----------------------------------|---------------------------|---------------|------------------------|------------------------|-----------------|--------------------------------|--|--|
| Michelle Richardson-Bailey  |                                   |                           |               |                        |                        |                 |                                |  |  |
| OFFICE SOUGHT OR HELD (INCLUDE L  | OCATION AND DISTRICT NUM          | BER IF APPLICABLE)        | BALLOT NO. 0  | R LETTER JI            | URISDICTION            |                 | SUPPORT                        |  |  |
| City Council, Pasadena (Distr   | ict 1)                            |                           |               |                        |                        |                 | OPPOSE                         |  |  |
| RESIDENTIAL/BUSINESS ADDRESS (N   |                                   | STATE ZIP                 |               |                        |                        |                 |                                |  |  |
| 1872 Lundy Ave.   | Pasadena                          | CA 91001                  | Identify the  | controlling officeh    | older, candidate, or s | tate measure p  | roponent, if an                |  |  |
| 1072 Edilay Ave.  | - T doddona                       |                           |               | FICEHOLDER, CANDIDA    | ATE, OR PROPONENT      |                 |                                |  |  |
| Related Committees Not Inc<br>not included in this statement that a<br>contributions or make expenditures | re controlled by you or are p     | orimarily formed to recei |               | GHT OR HELD            |                        | DISTRICT NO. IF | = ANY                          |  |  |
| COMMITTEE NAME  | I.D. N                            | IUMBER                    |               |                        |                        |                 |                                |  |  |
|   |                                   |                           |               |                        |                        |                 |                                |  |  |
| NAME OF TREASURER   | CON                               | TROLLED COMMITTEE?        |               |                        | ate/Officeholder C     |                 |                                |  |  |
| VANIE OF TREASURER  | ··                                | YES NO                    | officendider. | s) or candidate(s) for |                        |                 | eu.                            |  |  |
| COMMITTEE ADDRESS STREET  | FADDRESS (NO P.O. BOX)            |                           | NAME OF OF    | FICEHOLDER OR CANE     | DIDATE OFFICE SO       | UGHT OR HELD    | SUPPORT                        |  |  |
|   |                                   |                           | <del></del>   |                        |                        |                 | I OPPOSE                       |  |  |
| CITY  | STATE ZIP CODE                    | AREA CODE/PHO             | E NAME OF OF  | FICEHOLDER OR CAND     | DIDATE OFFICE SO       | UGHT OR HELD    | SUPPORT OPPOSE                 |  |  |
| COMMITTEE NAME  |                                   | AREA CODE/PHON            |               | FICEHOLDER OR CANE     |                        | UGHT OR HELD    | SUPPORT OPPOSE                 |  |  |
|   | I.D. N                            |                           | NAME OF OF    |                        | DIDATE OFFICE SO       |                 | SUPPORT OPPOSE  SUPPORT OPPOSE |  |  |
| COMMITTEE NAME  | I.D. N                            | NUMBER                    | NAME OF OF    | FICEHOLDER OR CAND     | DIDATE OFFICE SO       | UGHT OR HELD    | SUPPORT OPPOSE                 |  |  |

| Campaign  | Disclosure | Statement |
|-----------|------------|-----------|
| Summary I | Page       |           |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

| Michelle Richardson-Bailey  |   |   | 1294707  |
|---|---|---|--|
| Contributions Received  | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TODATE   | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections |
| 1. Monetary Contributions Schedule A, Line 3  | \$967.00  | \$3,601.74  | 1/1 through 6/30 7/1 to Date   |
| 2. Loans Received         Schedule B, Line 3           3. SUBTOTAL CASH CONTRIBUTIONS         Add Lines 1 + 2 | \$ 967.00   | \$ 3,601.74   | 20. Contributions Received \$\$  |
| 4. Nonmonetary Contributions  | \$967.00  | \$3,601.74  | 21. Expenditures Made \$ \$  |
| Expenditures Made 6. Payments Made  | \$2,118.14  | \$3,601.74  | Expenditure Limit Summary for State Candidates   |
| 7. Loans Made         Schedule H. Line 3           8. SUBTOTAL CASH PAYMENTS         Add Lines 6 + 7          | -   | \$ 3,601.74   | 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)                      |
| 9. Accrued Expenses (Unpaid Bills)  |   | 3.601.74  | Date of Election Total to Date (mm/dd/yy)  |
| 11. TOTAL EXPENDITURES MADE   | \$2,110.14  | \$3,601.74  | \$   |
| Current Cash Statement  12. Beginning Cash Balance  | 1,151.14  |   | <b>*</b>   |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above            | 967.00  | To calculate Column B, add<br>amounts in Column A to the<br>corresponding amounts                   | *Amounts in this section may be different from amounts   |
| 14. Miscellaneous Increases to Cash   | 2,118.14  | from Column B of your last report. Some amounts in  | reported in Column B.  |
| 16. ENDING CASH BALANCE   | \$  | Column A may be negative figures that should be subtracted from previous period amounts. If this is |  |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2   | \$  | the first report being filed<br>for this calendar year, only<br>carry over the amounts              |  |
| Cash Equivalents and Outstanding Debts  |   | from Lines 2, 7, and 9 (if any).  |  |
| 18. Cash Equivalents  | •   |   | FPPC Form 460 (January/06<br>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772                   |

| Schedule  | A   | Туре                                 | e or print in ink.  |                                   |  |                           | HEDULE Aنات               |                           |  |
|---|---|--------------------------------------|---|-----------------------------------|--|---------------------------|---------------------------|---------------------------|--|
|   | Contributions Received  |                                      | ts may be rounded<br>whole dollars.   | Statement co                      | vers period<br>18/07                     |                           | ALIFORNIA 460<br>FORM     |                           |  |
| SEE INSTRUCTION   | ONS ON REVERSE  |                                      |   | through                           | 6/30/07                                  | Page                      | 0                         | f6                        |  |
| NAME OF FILER   |   |                                      |   |                                   |  | I.D. NI                   | JMBER                     |                           |  |
| Michelle !  | Richardson-Bailey   |                                      |   |                                   |  | 1294                      | 707                       |                           |  |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)   | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE T<br>CALENDAR<br>(JAN. 1 - DE | YEAR                      | TOI                       | ECTION<br>DATE<br>QUIRED) |  |
|   | Marcus Williams<br>695 Stonehurst Dr., Altadena, CA 91001                                     | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Teacher<br>Pasadena Unified School<br>District  |                                   | 500                                      | 0.00                      |                           |                           |  |
| 5/7/07  | Michelle Bailey<br>1872 Lundy Ave., Pasadena, CA 91104  | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Administrative Assistant<br>Pasadena Unified School<br>District                                     | 300.00                            | 1,616                                    | 1,616.74                  |                           |                           |  |
|   | Raymond Calloway<br>24015 Via Granda, Valencia, CA 91355                                      | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Truck Driver<br>Sole Proprietor   |                                   | 100                                      |                           |                           |                           |  |
|   | Mrs. Maurice Morse<br>275 E. Pentagon<br>Altadena, CA 91001                                   | ☑IND<br>□COM<br>□OTH<br>□PTY<br>□SCC | Unknown   |                                   | 100                                      | 0.00                      |                           |                           |  |
| 3/11/07   | Cheryl Branum-White<br>797 Florecita Ln.<br>Altadena, CA 91001                                | IND COM OTH PTY SCC                  | Unknown   | 100.00                            | 100                                      | 100.00                    |                           |                           |  |
|   |   |                                      | SUBTOTAL\$  | 400.00                            |  |                           |                           |                           |  |
| Schedule  | A Summary   |                                      |   |                                   | (*Co                                     | ntributor (               | Codes                     | $\overline{}$             |  |
| Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.) |   | \$                                   |   | 750.00                            |  |                           | 1                         |                           |  |
| 2 Amount re   | eceived this period – unitemized monetary contribution  | s of less than !                     | \$100 \$  | 217.00                            | OTH – Other (e.g.                        |                           | (e.g., busin              |                           |  |
| 3. Total mon  | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu |                                      |   | 967.00                            |  | / – Politica<br>C – Small | al Party<br>Contributor C | Committee                 |  |
| (Add Line   | o rana z. zinci nere ana on the outlinary rage, cold  | man, care                            | , 1 • 17 12 • •   |                                   |  | FRE                       | 3 F 400 ·                 |                           |  |

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

Type or point in link.

| Schedule A (Continuation Sheet) Monetary Contributions Received |  | Type or pri<br>Amounts may              | be rounded   | Statement cov                     | SCHEDULE A (CON                              |         |  |  |
|---|--|---|--|-----------------------------------|--|---------|--|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                         |  | to whole                                | dollars.   |                                   |  |         | ORM 460                                  |  |
|   |  |   |  | through6/                         | 30/07  | Page    | 5 of 6                                   |  |
| NAME OF FILER   |  |   |  |                                   |  | I.D. NU |  |  |
| Michelle Ri   | chardson-Bailey  |   |  |                                   |  | 1294    | 707                                      |  |
| DATE<br>RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO<br>CALENDAR Y<br>(JAN. 1 - DEC | EAR     | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |  |
| 3/16/07   | Josephine Bibby<br>1455 N. Raymond Ave., #2<br>Pasadena, CA 91103                            | IND COM OTH PTY                         | Retired  | 100.00                            | 100.00<br>250.00                             |         |  |  |
| 3/16/07   | Pasadena Firefighters Political Activity Comm.<br>P.O. Box 5102<br>Pasadena, CA 91107        | ☐IND<br>☐COM<br>ØOTH<br>☐PTY<br>☐SCC    |  | 250.00                            |  |         |  |  |
|   |  | ☐IND<br>☐COM<br>☐OTH<br>☐PTY<br>☐SCC    |  |                                   |  |         |  |  |
|   |  | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |  |                                   |  |         |  |  |
|   |  | □IND □COM □OTH □PTY □SCC                |  |                                   |  |         |  |  |
|   |  |   | SUBTOTAL   | \$ 350.00                         |  |         |  |  |

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

| Schedule E Type or print in ink. Amounts may be rounded to whole dollars.  |   | Statem  | 2/18/07<br>6/30/07 | CALIFOI<br>FORI   | M 400  |   |             |
|--|---|---|--------------------|---|--|---|-------------|
| SEE INSTRUCTIONS ON REVERSE  |   |   |                    | through .   | 0/30/07  | raye  | 6 of        |
| NAME OF FILER Michelle Richardson-Bailey   |   |   |                    |   |  | 1.D. NUMB<br>1294707                                | ;           |
| CODES: If one of the following codes accurately describe   | es the payment, vo  | u may ente  | er the code. Ot    | herwise, descri   | be the payment.  |   |             |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings | MBR member com<br>MTG meetings and<br>OFC office expen<br>PET petition circu<br>PHO phone banks<br>POL polling and s<br>POS postage, deli | munications d appearance uses lating survey researd ivery and mes | s                  | RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff TSF trans VOT voter | airtime and production<br>ned contributions<br>paign workers' salaries<br>r cable airtime and prod<br>idate travel, lodging, and<br>spouse travel, lodging, a<br>fer between committees<br>registration<br>mation technology costs | uction costs<br>I meals<br>and meals<br>of the same | •           |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |   | CODE C  | DR                 | DESCRIPTION OF P.   | AYMENT   |   | AMOUNT PAID |
| VA Bindery<br>2335 E. Foothill Blvd., #3<br>Pasadena, CA 91107   |   | LIT   |                    |   |  |   | 1,861.88    |
| Political Data<br>P.O. Box 1706<br>Burbank, CA 91507   |   | POL   |                    |   |  |   | 145.31      |
|  |   |   |                    |   |  |   |             |
| * Payments that are contributions or independent expenditures  | must also be summ   | arized on So  | chedule D.         |   | SU   | BTOTAL\$  | 2,007.19    |
| Schedule E Summary   |   |   |                    |   |  |   |             |
| 1. Itemized payments made this period. (Include all Schedule   | E subtotals.)   |   |                    |   | •••••  | \$  | 2,007.19    |
| 2. Unitemized payments made this period of under \$100   |   |   |                    |   |  | \$  | 110.95      |
| 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. E  |   |   |                    |   |  |   | 2,118.14    |

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