Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp	CALIFORNIA 460 2001/02 FORM	
(2010) IIII (211 0000 0000 000 000 0000 0000 0000 0	Statement covers period from 01/21/2007	Date of election if applicable: (Month, Day, Year)	MAY 24 P2:44	Page of	
SEE INSTRUCTIONS ON REVERSE	through <u>02/17/2007</u>	<u>03/06/2007</u>	CITY CLERK		
	mplete Parts 1, 2, 3, and 4, Ballot Measure Committee) Primarily Formed) Controlled) Sponsored Nec Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nec Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b To Amend Sch	Spec	rterly Statement cial Odd-Year Report olemental Preelection ement - Attach Form 495 oege	
3. Committee Information	D. NUMBER 1294238	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Raphael Henderson For City Council		NAME OF TREASURER Kinde Durkee MAILING ADDRESS 1212 S Victory BI			
STREET ADDRESS (NO P.O. BOX) 1212 S Victory BI		CITY Burbank	STATE ZIP C CA 91502		
Burbank CA 9150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	2 (818) 260-0669	NAME OF ASSISTANT TREASUR	RER, IF ANY		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on	of California that the foregoing is true By By Signature of C	and dorrect. Signature of Treasactor Assetant	K i Treasurer Rapponent or Responsible Officer of Sponsor	schedules is true and complete. I nde Durkee phael Henderson	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	FPPC Form 460 (June/01) PPC Toll-Free Helpline: 866/ASK-FPPC State of California	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

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NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Raphael Henderson					
FFICE SOUGHT OR HELD (INCLUDE LOC	ATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	1 L	SUPPORT
Councilmember, City of Pasa	adena, District: n/a			L	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY STATE ZIP				
1212 S Victory BI	Burbank CA 91502	Identify the controlling of	Identify the controlling officeholder, candidate, or state measure proponen		
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
Related Committees Not Includ	ded in this Statement: List any committees				
	controlled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER				
IAME OF TREACURED	ANTEN LED AGAINSTEIN	7. Primarily Formed Con	nmittee <i>Lis</i> i	t names of officeholder(s) or	candidate(s) for
IAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Conwhich this committee is prim	nmittee List narily formed.	t names of officeholder(s) or	candidate(s) for
	YES NO	7. Primarily Formed Con which this committee is prim	narily formed.	t names of officeholder(s) or	
		which this committee is prin	narily formed.		
NAME OF TREASURER COMMITTEE ADDRESS STREET AC	YES NO	which this committee is prin	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
OMMITTEE ADDRESS STREET AC	DDRESS (NO PO. BOX)	which this committee is prin	CANDIDATE		SUPPORT OPPOSE
OMMITTEE ADDRESS STREET AC	DDRESS (NO PO. BOX)	which this committee is prin	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
OMMITTEE ADDRESS STREET AC	DDRESS (NO PO. BOX) STATE ZIP CODE AREA CODE/PHONE	which this committee is prin	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORE OPPOSE SUPPORE SUPPORE
OMMITTEE ADDRESS STREET AD ITY OMMITTEE NAME	DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AC	DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORE OPPOSE SUPPORE OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS COMMITTEE NAME JAME OF TREASURER	DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	which this committee is prin NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORE OPPOSE SUPPORE SUPPORE
OMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	which this committee is prin NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

SUMMARY PAGE

Raphael Henderson For City Council						1.D. NOMBER 1294238
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALT ODATE	Calendar Year Summary for Candidate Running in Both the State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$		\$	7,190.00	General Elections	
2. Loans Received Schedule B, Line 7		0.00		0.00		hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$		\$	7,190.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,700.00	\$	7,190.00	Made \$	\$
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	7,028.80	Candidates	•
7. Loans Made Schedule H, Line 7		0.00		0.00		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	6,972.80	\$	7,028.80	(If Subject to	/e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-791.32		2,779.41	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	6,181.48	\$	9,808.21		_ \$
Current Cash Statement						\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		Τo	calculate Column B. add		\$
13. Cash Receipts Column A, Line 3 above		2,700.00	am	ounts in Column A to the		_ \$
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	responding amounts m Column B of your last		_ \$
15. Cash Payments Column A, Line 8 above		6,972.80	rep	ort. Some amounts in lumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	161.20	figu	ires that should be	 	_ \$
If this is a termination statement, Line 16 must be zero.			per	otracted from previous		_ \$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts	*Since January 1, 2001.	Amounts in this section may be
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	different from amounts re	ported in Column B.
18. Cash Equivalents	\$	0.00	an	/).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,779.41			FPPC To	FPPC Form 460 (June/01) oll-Free Helpline: 866/ASK-FPPC

SCricDULE F Schedule F Type or print in ink. Statement covers period CALIFORNIA Amounts may be rounded Accrued Expenses (Unpaid Bills) **FORM** to whole dollars. 01/21/2007 through 02/17/2007 Page 9 of_9 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Raphael Henderson For City Council 1294238

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)*
CVC civic donations OFC PET office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services PRO professional services (legal, accounting) print ads VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail)

		DRESS OF CREDITOR ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMAC 112 S Catalina Redondo Beach		90277	LIT	3,570.73	0.00	2,000.00	1,570.73
House Of Printi	ing	90277	LIT D				
3336 E Colorad Pasadena	CA CA	91107		0.00	506.61	0.00	506.61
Kennedy, Lena 769 N Orange		1	OFC m	0.00	702.07	0.00	702.07
Pasadena	CA	91103				5,00	
* Payments that are co summarized on Sched	ontributions (Jule D.	or independent expenditures must also be	SUBTOTALS \$	3,570.73	1,208.68	2,000.00	2,779.41

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	1,208.68
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	2.000.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 7/91.02

May be a negative number

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