RecipiCommittee						COVER PAGE
Campaign Statement	Type or print i	. K. ,	D:	ate Stamp	CA	LIFORNIA 750
Cover Page			REC	EIVE		FORW
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	1	Bons (, C.	Pag	je 1 of 3
	from01/01/07	(Month Day Year)	07 JAN	25 P5	:32	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through01/20/07	March 6, 2007	}			
				' OLERK PASADE	777	
1. Type of Recipient Committee: All Committees - Col		2. Type of Statement:	CITT OF	1 14-01400		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored soc Complete Part 6) mmarily Formed Candidate/ fficeholder Committee so Complete Part 7)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)		Supplemen	tatement 1-Year Report tal Preelection Attach Form 495
3 Committee Information 1.0	NUMBER	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	83498	NAME OF TREASURER				
		Sandeep Baweja				
Friends of Steve Madison		MAILING ADDRESS				
		445 S. Figueroa Street		CA	90071	(213)426-2112
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
445 S. Figueroa Street, Suite 2600 CA 9007		Los Angeles				
CITY STATE ZIP COI		NAME OF ASSISTANT TREASU	RER, IF ANY			
Los Angeles MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	(213)426-2112	Steve Madison				
WAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	5 ^	1105 Chateau Road		CA	90071	(626)396-1537
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY			ZIP CODE	AREA CODE/PHONE
		Pasadena				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			
sb@bawejalaw.com						
4. Verification		\nearrow				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California		wiether information contained in	rein and in the	e attached so	chedules is tr	ue and complete. I certify
01/25/07 Date	Ву	Signature of Masure or Assistant	Treasurer			
Executed on	BySignature of Contr	Ming Carceholder, Gardidate, State Measure Pro	ponent or Respon	sible Officer of Sp	onsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	late Measure Prop	onent		
Executed on	Ву					
Oate	-, 	Signature of Controlling Officeholder, Candidate, Si	late Measure Prop		ree Helpline:	FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772) State of California

Type or pri... in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	AC A	R12
	FORNIA ORM	46	0
Page	2	of3	-

NAME OF OFFICEHOLDER OR CANDIDAT	TE .				NAME OF BALLOT MEASURE				
Steven G. Madison									
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NU	MBER IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT OPPOSE
City Councilmember, District 6									
RESIDENTIAL/BUSINESS ADDRESS (NO.	, AND STREET) CITY	STATE	ZIP		Identify the controlling of	ficeholder. ca	ndidate, or st	tate measure p	roponent, if any
1105 Chateau Road,	Pasadena	CA	91105		NAME OF OFFICEHOLDER, CA				
Related Committees Not Included in this statement that are contributions or make expenditures or	e controlled by you or are	primarily forme	ommittees d to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	F ANY
COMMITTEE NAME	II.D.	NUMBER							
COMMITTEETVAME		TOMBER							
		NTROLLED COMM	ITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offic	ceholder Co	ommittee Lis	st names of ed.
NAME OF TREASURER	co			7.	Primarily Formed Car officeholder(s) or candidate(NAME OF OFFICEHOLDER OR	s) for which th	is committee i	ommittee Lists primarily forme	st names of ed. SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET	co	NTROLLED COMM		7.	officeholder(s) or candidate(CANDIDATE	OFFICE SOL	s primarily form	SUPPORT
NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE	NTROLLED COMM	NO	7.	officeholder(s) or candidate(CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	S primarily forms	SUPPORT SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE	NTROLLED COMM YES AREA C	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR	candidate candidate candidate candidate	OFFICE SOL	S primarily formation	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statemer	ıt
Summary Page	

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

SUMN,

			through _	01720701	Page 01
SEE INSTRUCTIONS ON REVERSE VAME OF FILER					I.D. NUMBER
Friends of Steve Madison					983498
Contributions Received 1. Monetary Contributions	\$ 0	Column CALENDAR TOTAL TOO S	/EAR	Running in Both ti General Elections 1/1 20. Contributions Received \$	mmary for Candidates he State Primary and through 6/30 7/1 to Date \$ \$ \$
Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	s0 0	\$ \$ \$	6992 0 6992 0 0 6992	Candidates 22. Cumulat	t Summary for State tive Expenditures Made* tto Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0 0 0 3028	To calculate Columounts in Colucorresponding a from Column B or report. Some ar Column A may be figures that shot subtracted from period amounts, the first report be for this calendar	mn A to the imounts of your last mounts in the negative uild be previous If this is being filed r year, only	*Amounts in this section reported in Column B.	n may be different from amounts
17. LOAN GUARANTEES RECEIVED	\$0	carry over the a from Lines 2, 7, any).		FPPC Toll-Free Hel	FPPC Form 460 (January) pline: 866/ASK-FPPC (866/275-37