Recipien. Jommittee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	paign Statement r Page			V [[]	LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year) March 6, 2007	CITY CE PAS	P4:08Pag	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Td Amendment (Explain b	ermination)	Supplement	atement -Year Report al Preelection Attach Form 495
	626-557-5170 DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER John David Hitchcock MAILING ADDRESS 1249 N. Wilson CITY Pasadena NAME OF ASSISTANT TREASUR Sally Takeda MAILING ADDRESS 712 Bonita CITY South Pasadena OPTIONAL FAX / E-MAIL ADDRESS	STATE CA	ZIP CODE 91104 ZIP CODE 91030	AREA CODE/PHONE 626-376-1255 AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on		Signature of Controlling Officeholder, Candidate, S.	Treasurer ponent or Responsible Officer o tate Measure Proponent tate Measure Proponent	of Sponsor	Je and complete. I certify FPPC Form 460 (January/05) 166/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Page	of

DIDATE			NAME OF BALLOT MEASURE			
IDATE			ANIE OF BACCOT MEASONE			
E LOCATION AND DISTRICT NUM	BER IE APPLICABLE)	i	BALLOT NO. OR LETTER	JURISDICTI	N	SUPPORT
	BEN IF AFFEIGABLE)					OPPOSE
·				1		1
·		ı	dentify the controlling offi	iceholder, car	ndidate, or state meas	ure proponent, if any
Pasadena, C	A 91106	i				
t are controlled by you or are p	orimarily formed to receive	ī	OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
I.D. N	UMBER	-				
		7	Primarily Formed Can	didate/Offic	eholder Committee	list names of
					s committee is primarily	formed.
EET ADDRESS (NO P.O. BOX)		'	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
STATE ZIP CODE	AREA CODE/PHONE	ī	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
						OPPOSE
I.D. N	UMBER	i	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	OPPOSE
	E LOCATION AND DISTRICT NUM A, Seat 6 (NO. AND STREET) CITY Pasadena, C ncluded in this Stateme t are controlled by you or are person behalf of your candidacy I.D. N CONT	E LOCATION AND DISTRICT NUMBER IF APPLICABLE) 1, Seat 6 (NO. AND STREET) CITY STATE ZIP Pasadena, CA 91106 ncluded in this Statement: List any committees to are controlled by you or are primarily formed to receive es on behalf of your candidacy. I.D. NUMBER	E LOCATION AND DISTRICT NUMBER IF APPLICABLE) 10, Seat 6 (NO. AND STREET) CITY STATE ZIP Pasadena, CA 91106 Included in this Statement: List any committees at are controlled by you or are primarily formed to receive es on behalf of your candidacy. I.D. NUMBER	BALLOT NO. OR LETTER Identify the controlling off NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR OFFICEHOLD	BALLOT NO. OR LETTER BALLOT NO. OR LETTER JURISDICTION NO. AND STREET) CITY STATE ZIP Pasadena, CA 91106 Identify the controlling officeholder, can NAME OF OFFICEHOLDER, CANDIDATE, OR PR OFFICE SOUGHT OR HELD CONTROLLED COMMITTEE? YES NO CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	BALLOT NO. OR LETTER BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or state measure name of the controlling officeholder. Candidate, or state measure name of the controlled by you or are primarily formed to receive es on behalf of your candidacy. I.D. NUMBER

Campaign Disclosure Statement	
Summary Page	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Friends of Tom Selinske 1292746 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 1680 23615 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 -2400 0 Loans Received Schedule B, Line 3 -720 18715 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 443 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 19158 -720 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4' \$ **Expenditures Made Expenditure Limit Summary for State** 19939 256 Candidates 0 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 256 19939 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 0 0 Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 443 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 20382 256 **Current Cash Statement** 1279 To calculate Column B, add -720 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B 256 report. Some amounts in Column A may be negative 303 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0 18. Cash Equivalents See instructions on reverse 0 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received			ts may be rounded whole dollars.	from0	covers period 7/01/2007		ifornia 460
SEE INSTRUCTIO	NS ON REVERSE			through	12/31/2007	_ Page	of
NAME OF FILER				<u> </u>		I.D. N	UMBER
Friends of	Tom Selinske					1292	746
DATE RECEIVED	FULL NAME, STREET 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 THI PERIOD	S CUMULATIV CALENDA (JAN. 1 - [R YEAR	PER ELECTION TO DATE (IF REQUIRED)
07/25/2007	Roland Wilhelm 459 E. Colorado Pasadena, CA 91101	☑ND □COM □OTH □PTY □SCC □SCC Realtor, Sotheby's International		10	100		
09/15/2007	Colleen Flynn Roohan 1959 Meadowbrook Rd. Altadena, CA 91001	☑IND □COM □OTH □PTY □SCC	COO, Castle & Cooke Inc.	10	0		
09/17/2007	William Bogaard 311 Congress Pl. Pasadena, CA 91105	☑IND □COM □OTH □PTY □SCC	Attorney, Self-Employed	250 12		1250	
09/30/2007	Gil Babcock 1500 Park Place San Marino, CA 91108	□IND ☑COM □OTH □PTY □SCC	Retired	50	00	1500	
10/03/2007	Tom Sawyer Camps (Michael Horner) 707 W. Woodbury Rd. Altadena, CA 91001	□IND □COM ØOTH □PTY □SCC		25	50	950	
			SUBTOTAL	\$ 125	50		
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$		00		ı
2. Amount re	ceived this period – unitemized monetary contribution	s of less than	\$100\$	8		TH - Other	(e.g., business entity)
	etary contributions received this period.			160	s		Contributor Committee

Type or print in ink.

Schedule A

SCHEDULE A

1680

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

Schedule A (Continuation Sheet)		Type or pri		SCHEDULE A (CON							
Monetary	Contributions Received	Amounts may to whole		Statement coverage of the from07/01	CALIFORNIA 460						
	,			through12/3	1/2007	Page .	of _				
NAME OF FILER Friends of	Tom Selinske					1.D. NU 1292					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OYER RECEIVED THIS CALENDAR YE		YEAR	EAR TO DATE				
12/01/2007	Thomas Selinske 984 Topeka, Pasadena, CA 91104	☑IND □COM □OTH □PTY □SCC	Business Owner, Encore Awards	ore 350							
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		OTH PTY									
			SUBTOTAL	\$ 350							

*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 Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

•	_						SCHE	DULE - PART 1	
Schedule B – Part 1 Loans Received	Type or print in lnk. Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Trom 07/01/2007					•	CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2007	Page	of	
NAME OF FILER			-			•	I.D. NUMBER		
Friends of Tom Selinske							1292746		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTERID, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Thomas Selinske 984 Topeka, Pasadena, CA 91104	Business Owner, Encore Awards	s500	s0	\$ 500 FORGIVEN	12/01/07	N/A %	s 3000 12/01/06	S PER ELECTION**	
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
Thomas Selinske 984 Topeka, Pasadena, CA 91104	Business Owner, Encore Awards	1900	s0	✓ PAID 155 FORGIVEN 35	0 12/01/07	N/A %	s 1900 12/01/06	\$ PER ELECTION **	
TO IND □ COM □ OTH □ PTY □ SCC					DATE DUE	ļ	DATE INCURRED		
† IND COM OTH PTY SCC		s	s	\$ FORGIVEN	DATE DUE	% RATE	S	S PER ELECTION**	
		SUBTOTALS S	.	\$ 240	0 \$ 0	\$	Preparation is		
Schedule B Summary		•		•	0	(Enter (e) on Schedule E. Line 3)		
Loans received this period(Total Column (b) plus unitemized loan Loans paid or forgiven this period	s of less than \$100.)				2400	1	CONTRIBUTOR Codes ND – Individual COM – Recipient C	ommittee	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line)	t are also itemized on Scheo e 2 from Line 1.)			. NET \$ _	-2400 (May be a negative number)		other than TH – Other (e.g. TY – Political Parl CO – Small Contri	y	
Enter the net here and on the Summar *Amounts forgiven or paid by another party also	ry Page, Column A, Line 2.	_					FPPC Form	ı 460 (January/05)	
** If required.		ز			FPPC	Toll-Free Help	line: 866/ASK-FP	PC (866/275-3772)	

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

SEE INSTRUCTIONS ON REVERSE					ugh	12/31/200	D7 Page		_ of
NAME OF FILER							I.D.	NUMBER	
Friends of Tom Selinske		_					129	2746	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL representation of the following codes accurately describes CVC civic donations FIL pudraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researd very and me	s	RAD RFD SAL TEL TRC TRS TSF VOT	radio air returned campaig t.v. or ca candidat staff/spo transfer voter re	time and pro contribution in workers' s able airtime a te travel, lodg use travel, k between con gistration	oduction costs as asalaries and production c ging, and meals odging, and me	als same c	andidate/sponsor f)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE ()R	DESCRIPTION	N OF PAYN	MENT			AMOUNT PAID
Thomas Selinske 984 Topeka, Pasadena, CA 91104		TRC							256
* Payments that are contributions or independent expenditures in	must also be summ	arized on S	chedule D.				SUBTOTA	AL\$	256
Schedule E Summary				-					050
1. Itemized payments made this period. (Include all Schedule									
2. Unitemized payments made this period of under \$100							\$		0
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)				\$		0
4 Total payments made this period, (Add Lines 1, 2, and 3, E	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)								256

Type or print in ink.

Amounts may be rounded to whole dollars.

Schedule E Payments Made JHEDULE E

CALIFORNIA FORM

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

Statement covers period

from _

07/01/2007