Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	la l	ed via faz CETVED N-6 P3:07	COVER PAGE CALIFORNIA 460 FORM Page 1 of 6	
	Statement covers period July 1, 2010	(Month, Day, Year)		For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through December 31, 2010	March 8, 2011 (TY	TY CLERK DE PASKDENA		
1. Type of Recipient Committee: All Committee	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Campiete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central 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 Termina ☑ Amendment (Explain below) Figures needed to be recal	Speci	terly Statement ial Odd-Year Report Iemental Preelectlon ment - Attach Form 495	
3. Committee Information	1.D. NUMBER 1336572	Treasurer(s)			
Friends of Allen Shay for City Council 201	1 	Susana Campos MALLING ADDRESS 202 S. Lake Avenue, Suite 2 CITY Pasadena	260 STATE ZIP CI CA 9110		
202 S. Lake Avenue, Suite 260 CITY STATE Pasadena CA	ZIP CODE AREA CODE/PHONE 91101 626-584-0499	NAME OF ASSISTANT TREASURER, IF			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET O	R P.O. BOX	MAILING ADDRESS			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS 626-584-0499 / shayandassociates@hotn	nail.com	OPTIONAL: FAX / E-MAIL ADDRESS 626-584-0703 / shayandass	ociates@hotmail.co	nm	
Verification I have used all reasonable diligence in preparing and reunder penalty of perjury under the laws of the State of t	California that the foregoing is true and correct. By	Segnature diffessurer or Assistant Treasure Ontrolling Officeholder, Canditate, Signe Measure Proponent	er or Responsible Officer of Sponsor		
Executed on	By	Signature of Controlling Officeholder, Candidate, Slate Med			
Executed on		Signature of Controlling Officeholder, Candidate, State Mc		FPPC Form 460 (January/0: lelpline: 866/ASK-FPPC (866/275-377; State of Californi	

Officeholder or Candidate Contr	olled Committee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Allen Shay					1			
OFFICE SOUGHT OR HELD (INCLUDE I OCAT	ION AND DISTRICT NUM	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	JN	18	SUPPORT OPPOSE
Pasadena City Council District 4 2	011							
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIP		Identify the controlling of	ficeholder. cai	ndidate, or state	measure p	roponent, if an
202 S. Lake Avenue, Suite 260,	Pasadena, C	a 91101		NAME OF OFFICEHOLDER, CA				
Related Committees Not Include not included in this statement that are co- contributions or make expenditures on be	ntrolled by you or are shalf of your candidac	primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	- ANY
COMMITTEE NAME	1.D. I	NUMBER						
			7	Primarily Formed Car	ndidate/Offic	eholder Com	mittee Lis	it names of
NAME OF TREASURER	1	TROLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which th	is committee is pr	imarlly forme	ed.
		YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)							OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D.	NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	1	TROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPOR!
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)							
CITY	STATE ZIP CODE	AREA CODE/PHONE		Att	ach continuat	ion sheets if ne	cessary	
CHY	SIMIL ZIF CODE	,		Au				

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

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | Tourish | Statement covers period | July 1, 2010 | Statement |

ASS MATALISTIANS ON DEVCOSE					through	December 31, 2010	Page3 of6	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER 1336572	
Allen Shay							1330372	
Contributions Received	(COLUMN A TOTAL THIS PERIOD PROMATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	EAR		mary for Candidates e State Primary and	
Monetary Contributions Schedule A, Line 3	\$.	550.00	\$	\$ 550.00 6000.00 6550.00			hmunh 6/30 7/1 to Date	
2. Loans Received Schedule B, Line 3		6550.00				20 Contributions		
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	\$		0.00	Received \$	0.00 \$ 550	
4. Nonmonetary Contributions	\$	6550.00	\$	65	550.00	21. Expenditures Made \$	0.00 \$ 4367	
Expenditures Made		***				Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	4367.55	\$	43	0.00	Candidates		
7. Loans Made	•	4367.55	•	43	367.55		ve Expenditures Made*	
3. SUBTOTAL CASH PAYMENTS	•	0.00	Đ		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment		0.00			0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	4367.55	\$	43	367.55		\$	
Current Cash Statement		0.00					\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	6550.00		calculate Colu				
13. Cash Receipts Column A, Line 3 above		0.00	co	rresponding ar	nounts	*Amounts in this section may be different from amount reported in Column B.		
14. Miscellaneous Increases to Cash		4367.55	re	m Column B of port. Some am	ounts in			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	2182.45	fig	olumn A may be ures that shoul	ld be			
If this is a termination statement, Line 16 must be zero.			pe	btracted from a riod amounts. In first report be	If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar rry over the ar	year, only nounts			
Cash Equivalents and Outstanding Debts		0.00		om Lines 2, 7, a ry).	and 9 (if			
18. Cash Equivalents See instructions on reverse		6000.00	1				FPPC Form 460 (Janua	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		•			FPPC Toll-Free Helpli	ne: 866/ASK-FPPC (866/275-	

Schedule A Monetary Contributions Received		Amount	or print in ink. s may be rounded whole dollars.	Statement coverage of the Statement Suly 1	CALIFORNIA 460			
SEE INSTRUCTION	NS ON REVERSE			through Decemb	per 31, 2010	Page .	of	6
Allen Shay						13365	72	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#COMMITTEE ALSOENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DAT (IF REQUI	E,
12/9/2010	Alex Pezeshkian 6101 Ball Road, #310 Cypress, CA 90530	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Alex Pezeshkian, DDS	shkian, DDS 100.00 100		00 100.		100.00
12/9/2010	Michelle Hermita 4245 Orchard Street Montclair, CA 91763	☑IND □COM □OTH □PTY □SCC	Massage Therapist	100.00	100.00		100.00 1	
12/29/2010	Frod Valentine 7144 Elderberry Avenue Corona, CA 92880	☑IND □COM □OTH □PTY □SCC	Fred Valentine Attorney at Law	250.00	250	.00		250.00
12/30/2010	Nate Kraut 13746 Victory Boulevard, Suite 309 Sherman Oaks, CA 91401	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Nate Kraut Attorney at Law	100.00	100.00			100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
	1		SUBTOTAL	\$ 100.00				
Amount re (include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND	(other		SCC)
	ceived this period – unitemized monetary contribution	s of less than	\$100\$	0.00	PTY	– Politica		1
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli	umn A, Line 1.) TOTAL \$	550.00 FPPC	Toll-Free Helplir	FPPC	Form 460 (J	 anuary/05)

SCHEDULE A

		Type or print in i					SCHE	DULEB-PART 1
Schedule B - Part 1	Amo	Statement cove		CALIFORNI	A 460			
Loans Received		to whole dollar	5.		fromJuly 1	, 2010	FORM	-100
					through Decemb	er 31, 2010	Page 5	of6
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
NAME OF FILER							1336572	
Allen Shay		(2)	(b)	(c)	OUTSTANDING	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (#: COMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT	AMOUNT PA OR FORGIVI THIS PERIO	BALANCE AT CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
	Shay and Associates			☐ PAID			}	CALENDAR YEAR
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101	Shay and Associated			\$0.0	_ •	0 %	s 6000.00	\$ 6000.00
Pasadena, CA 91101		0000 00	0000 00	_		0.00		6000.00
TIM IND □ COM □ OTH □ PTY □ SCC		s_6000.00	\$	\$ 6000.0	DATE DUE	s	DATE INCURRED	\$
IN IND COM CON LITTLE CO				PAID				CALENDAR YEAR
				<u> </u>	s	%	\$	5
				FORGIVEN	1	RATE		PERELECTION**
			s	s		s		s
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				s	s	*	s	s
				FORGIVE	4	KVIE		PER ELECTION**
		.	,	\$		s		s
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		,			DATE DUE		DATE INCURRED	
Li ilde Li dani Li		SUBTOTALS	\$ 6000.00	\$ 6000.	0.00	\$ 0.00		
						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				•	6000.00			
1. Loans received this period				ֆ -		_	Contributor Code	s
(Total Column (b) plus unitemized loa	ns of less than \$100.)				0000 00	1 '	ND – Individual	-
2. Loans paid or forgiven this period				\$	6000.00		COM - Recipient C	
(Total Column (c) plus loans under \$1 (Include loans paid by a third party th	00 paid or fordiven.)				0.00	[]	OTH – Other (e.g PTY – Political Pai	n PTY or SCC) ., business entity) rty ributor Committee
3. Net change this period. (Subtract Li	ne 2 from Line 1.)			NET \$.	(May be a negative number)	. Ľ	- Siliali Colli	
Enter the net here and on the Summa	ary Page, Column A, Line 2.				feest no a restance immer)			
"Amounts forgiven or paid by another party als	o must be reported on Schedule	A.]			EPP(: Toll-Free Held	FPPC For	m 460 (January/05 PPC (866/275-3772
								-

SCHEDULE B-PART 1

			OUTILIOUL
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from July 1, 2010	california 460
SEE INSTRUCTIONS ON REVERSE		through December 31, 2010	Page 6 of 6
NAME OF FILER			
Allen Shay			1336572
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants	/ describes the payment, you may enter the code. MER member communications MIG meetings and appearances OFC office expenses	Otherwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers salaries	

CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND legal defense LIT campaign literature and mailings	OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	ses ating urvey reservery and m	arch essenger services gal, accounting)	TEL t.º TRC ca TRS st TSF tr VOT v	ampaign workers' salaries v. or cable airtime and production c andidate travel, lodging, and meals taff/spouso travel, lodging, and mea ansfer between committees of the oter registration iformation technology costs (interna-	ls came candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (DF PAYMENT	AMOUNT PAID	
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101		LIT				4367.55	
* Payments that are contributions or independent expenditures	must also be sumn	narized on	Schedule D.		SUBTOTA	AL\$ 4367.55	
Schedule E Summary	s E subtotals \				9	4367.55	
1. Itemized payments made this period. (Include all Schedule E subtotals.)						0.00	
Unitermized payments made this period or under \$100 Total interest paid this period on loans. (Enter amount fror	n Schedule B. Par	t 1. Colun	nn (e).)			\$	
 Total interest paid this period on loans. (Enter amount not Total payments made this period. (Add Lines 1, 2, and 3. 	Enter here and on	the Sumr	mary Page, Colu	ımn A, Line 6.)) , IOIAL	\$4367.55	