Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	к.	Date Stamp RECEIVED	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	from January 1, 2011	Date of election if applicable: (Month, Day, Year) March 8, 2011	12 FEB 23 P5 44	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through dandary 22, 2011		CITY CLERK	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. trimarily Formed Ballot Measure committee) Controlled) Sponsored Uso Complete Part 6) trimarily Formed Candidate/ Uso Complete Part 7)	2. Type of Statement: □ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 To ■ Amendment (Explain b Figures needed to be	Special Supplermination) Stater	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
	336572	Treasurer(s) NAME OF TREASURER SUSANA CAMPOS MAILING ADDRESS		
CITY STATE ZIP CC Pasadena CA 91101		CITY Pasadena NAME OF ASSISTANT TREASU	STATE ZIP CO CA 91101 RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CC		MAILING ADDRESS	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my knowled	OPTIONAL: FAX / E-MAIL ADDR		as is true and complete. Logatify
under penalty of perjury under the laws of the State of California Executed on 2/17/2012 Date Executed on Date Date	a that the foregoing is true and correct. By	Signafure of Flaguer or Application Signafure of Application of Applica	Appasurer	
Executed on	BySig	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent	
Executed onDate	BySig	gnature of Controlling Officeholder, Candidate, S		FPPC Form 460 (January/05) pline: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

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. Officeholder or Candidate Controlle	d Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·			
Friends of Allen Shay for City Council	2011						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Pasadena City Council District 4 2011							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP Pasadena, CA 91101		Identify the controlling offi	ceholder, car	ndidate, or state me	easure p	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included ir not included in this statement that are controll contributions or make expenditures on behalf	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	- po,	DISTRI	ICT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	(NO P.O. BOX) ZIP CODE AREA CODE/PHONE						<u> </u>
OTT	ZII GODE ANEA GODEN HONE		Attac	h continuatio	on sheets if necess	ary	

Campaign Disclosure Statement Summary Page

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

Statement covers period January 1, 2011

Through January 22, 2011

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE					through	January 22, 2011	Page of			
NAME OF FILER Allen Shay							I.D. NUMBER 1336572			
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column CALENDAR' TOTAL TO D	YEAR	Running in Both th	nmary for Candidates be State Primary and			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00 4000.00 4000.00 0.00 4000.00	\$ \$	100	550.00 000.00 650.00 0.00 550.00	20. Contributions Received \$	1/1 through 6/30 7/1 to Date			
Expenditures Made 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	\$	0.00 4000.00 0.00 0.00	\$	83	0.00 0.00 0.00 0.00 0.00 0.00 0.67.55		Summary for State ve Expenditures Made* b Voluntary Expenditure Limit) Total to Date \$			
Current Cash Statement 12. Beginning Cash Balance	\$	4000.00 0.00 2648.43 3534.02	ar co fro re Co fig su pe the	o calculate Columnounts in Colum presponding arom Column B or port. Some am olumn A may be jures that shoul ibtracted from prist report be e first report be r this calendar	nn A to the mounts f your last ounts in a negative ld be previous If this is ing filed year, only	*Amounts in this section reported in Column B.	may be different from amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	0.00	fro	erry over the anom Lines 2, 7, any).		FPPC Toll-Free Helpli	FPPC Form 460 (January/05 ne: 866/ASK-FPPC (866/275-3772			

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.				Statement co	vers period y 1, 2011	CALIFORNIA 460		
						ry 22, 2011	Page 4	of5	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					anough		I.D. NUMBER	01	
Allen Shay							1336572		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Allen Shay	Shay and Associates			PAID				CALENDAR YEAR	
Pasadena, CA 91101				\$FORGIVEN	s	RATE	\$	\$ PER ELECTION**	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$_4000.00	\$	DATE DUE	\$	DATE INCURRED	s	
				PAID				CALENDAR YEAR	
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION **	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$FORGIVEN	_ \$	RATE	s	\$PER ELECTION **	
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS S	4000.00	\$	\$	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period				¢	4,000.00				
(Total Column (b) plus unitemized loan			••••••	Ψ			Contributor Codes		
2. Loans paid or forgiven this period					0.00	- C	ID – Individual OM – Recipient Co	ommittee PTY or SCC) business entity)	
Net change this period. (Subtract Line Enter the net here and on the Summar				. NET \$ _	4000.00 (May be a negative number)		CC – Small Contri		
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC Form	460 (January/05)	

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or pri Amounts may to whole	be rounded	······	fro	Statement covers m January 1, ough January 22	2011 Fage	IFORNIA 460
Allen Shay						1336	572
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications and appearance anses ulating as survey resea	ces	RAI RFI SAI TEL TRO TRS	o radio airtime and preturned contribut campaign workers t.v. or cable airtime candidate travel, los staff/spouse travel transfer between voter registration	production costs iions s' salaries e and production co odging, and meals I, lodging, and mea	ils same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
Allen Shay Pasadena, CA 91101		LIT					4000.00
* Payments that are contributions or independent expenditures	must also be sumn	narized on	Schedule D.		1	SUBTOTA	L\$
Schedule E Summary							-
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	4000.00
2. Unitemized payments made this period of under \$100						\$	0.00
2. Total interest poid this period on leans. (Enter amount from	Schodulo B. Dart	1 Column	(0))			¢	0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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4000.00