Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from January 1, 2011  through January 22, 2011	Date of election if applicable: (Month, Day, Year)  March 8, 2011	12 FEB 23 P5:	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Proposed Part Single Part S	nplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure  ommittee ) Controlled ) Sponsored (so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	t Sp  Su  Fermination) Sta	A/A larterly Statement ecial Odd-Year Report pplemental Preelection stement - Attach Form 495
	626-584-0499	Treasurer(s)  NAME OF TREASURER SUSANA CAMPOS MAILING ADDRESS 202 S. Lake Avenue, S CITY Pasadena NAME OF ASSISTANT TREASU	STATE ZIP	CODE AREA CODE/PHONE 101 626-584-0499
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS 626-584-0499/shayandassociates@hotmail.com	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADD 626-584-0703/shayand		CODE 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   Executed on   Date  Executed on   Date  Executed on   Date	a that the foregoing is true and correct.  By		The attached sched sched sched sched sched sched scheduler in the attached scheduler in the atta	dules is true and complete. I certify

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

FORM 2 of 5

e Controlled Commit	tee	0.	Primarily Formed Ball	ot Measure	Committee				
DIDATE			NAME OF BALLOT MEASURE						
ity Council 2011									
DE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT		
trict 4 2011							OPPOSE		
(NO. AND STREET) CIT	Y STATE ZIP								
202 S. Lake Avenue, Suite 260, Pasadena, CA 91101			Identify the controlling officeholder, candidate, or state measure proponent,						
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT				
at are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY		
	I.D. NUMBER				I				
		7.							
REET ADDRESS (NO P.O. BO)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	D HELD			
	,					K HELD	SUPPORT OPPOSE		
STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O				
A STATE OF THE STA	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT O	R HELD	OPPOSE  SUPPORT		
	trict 4 2011 (NO. AND STREET) CIT's 260, Pasadena Included in this State at are controlled by you or res on behalf of your candi	City Council 2011 DE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Strict 4 2011  (NO. AND STREET) CITY STATE ZIP 2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.  I.D. NUMBER  CONTROLLED COMMITTEE?	City Council 2011  DE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Strict 4 2011  (NO. AND STREET) CITY STATE ZIP  2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.    I.D. NUMBER	Dity Council 2011  DE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Strict 4 2011  (NO. AND STREET) CITY STATE ZIP  2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.    I.D. NUMBER    CONTROLLED COMMITTEE?   YES   NO   NAME OF OFFICE SOUGHT OR HELD	City Council 2011  DE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Strict 4 2011  (NO. AND STREET) CITY STATE ZIP  2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.    I.D. NUMBER    CONTROLLED COMMITTEE?   YES   NO   NO   NUMBER   NUMBER   NO   NUMBER   NUMBER	District 4 2011  (NO. AND STREET) CITY STATE ZIP  2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.    I.D. NUMBER   CONTROLLED COMMITTEE?   YES   NO   NO   NO   NO   NO   NO   NO   N	District 4 2011  (NO. AND STREET) CITY STATE ZIP  2 260, Pasadena, CA 91101  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.    I.D. NUMBER    CONTROLLED COMMITTEE?   DIRINGIDICTION   Controlling officeholder, candidate, or state measure print NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT      OFFICE SOUGHT OR HELD   DISTRICT NO. IF		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period from January 1, 2011

through January 22, 2011

Through LD. NUMBER

SUMMARY PAGE

CALIFORNIA 460

FORM

1.D. NUMBER

Allen Shay						1336572	
Contributions Received		Column A  TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the 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	\$ \$	550.00 10000.00 10650.00 0.00 10550.00	20. Contributions Received \$	\$\$	
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	\$	4000.00 0.00 4000.00 0.00 0.00 4000.00	\$ \$ \$	8367.55 0.00 8367.55 0.00 0.00 8367.55		Summary for State  re Expenditures Made* 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.		2182.45 4000.00 0.00 2648.43 3534.02	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed		*Amounts in this section reported in Column B.	\$nay be different from amounts	
17. LOAN GUARANTEES RECEIVED	\$	0.00	ca fro	this calendar year, only rry over the amounts m Lines 2, 7, and 9 (if y).	FPPC Toll-Free Helpli	FPPC Form 460 (January/0 ne: 866/ASK-FPPC (866/275-377	

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.				from	y 1, 2011	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through Janua	ry 22, 2011	Page4	of5	
NAME OF FILER							I.D. NUMBER		
Allen Shay							1336572		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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	
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101	Shay and Associates	S	\$ 4000.00	PAID  S FORGIVEN  \$	s	%	s	CALENDAR YEAR  \$ PER ELECTION**	
<sup>†</sup> ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
<b>.</b>		\$	s	PAID  FORGIVEN  \$	DATE DUE	% RATE	\$	\$PER ELECTION **	
T IND COM OTH PTY SCC		-				<u> </u>		CALENDAR YEAR	
		\$	\$	PAID  FORGIVEN  \$		% RATE	s	\$PER ELECTION **	
T IND COM OTH PTY SCC		<u> </u>			DATE DUE		DATE INCURRED		
		SUBTOTALS \$	4000.00	\$	\$	\$	100 mg		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$_	4,000.00				
<ol> <li>(Total Column (b) plus unitemized loan</li> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that</li> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>	D paid or forgiven.) t are also itemized on Scheo	dule A.)			4000.00 (May be a negative number)	- C	Contributor Codes ID – Individual OM – Recipient Co (other than ITH – Other (e.g., TY – Political Part CC – Small Contril	ommittee PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.				EDDO	Tall Eros Halais		1 460 (January/05)	

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

Calaadula E	Type or print in ink.				SCHEDUL			
Schedule E	Amounts may be rounded to whole dollars.				Statement covers period		ORNIA 460	
Payments Made					from January 1, 2011	FORM TO		
SEE INSTRUCTIONS ON REVERSE					through January 22, 2011		5 of	
NAME OF FILER Allen Shay						I.D. NUMBER 1336572		
Alleri Sriay						13303	12	
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and a POS postage, del	nmunication ad appearan ases ulating s survey rese livery and r	s ices	s	se, describe the payment.  RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and protuction returned contributions campaign workers' salaries t.v. or cable airtime and protuction recommendation of the contribution of the contributi	s oduction cos nd meals , and meals es of the sa	ime candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCR	IPTION OF PAYMENT		AMOUNT PAID	
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101		LIT					4000.00	
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.		S	UBTOTAL	\$	
Schedule E Summary						<u> </u>		
Itemized payments made this period. (Include all Schedule	E subtotals.)					\$_	4000.00	
Unitemized payments made this period of under \$100							0.00	
Total interest paid this period on loans. (Enter amount from							0.00	
o. Total interest paid this period of Totalis. (Enter amount from	Concount D, I air	., Coluin	·· (~ <i>)</i> · <i>j</i> ·································	• • • • • • • • • • • • • • • • • • • •		·········· Ψ —		