

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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CITY OF PASADENA

CALIFORNIA FORM **460**

Page 1 of 6  
For Official Use Only

Statement covers period  
from July 1, 2010  
through Dec. 31, 2010

Date of election if applicable:  
(Month, Day, Year) Mar. 8, 2011

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete 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)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
**1292746**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Tom Selinske for Pasadena School Board 2011**

STREET ADDRESS (NO P.O. BOX)  
**984 E. Topeka St.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Pasadena</b>	<b>CA</b>	<b>91104</b>	<b>626-233-4252</b>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Clif Baker**

MAILING ADDRESS  
**3067 Santa Rosa Ave.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Altadena</b>	<b>CA</b>	<b>91001</b>	<b>626-665-3407</b>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/30/11  
Date

Executed on 1/30/11  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Tom Selinske**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Pasadena School Board, Seat 6**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**984 E. Topeka St. Pasadena CA 91104**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>July 1, 2010</u> through <u>Dec. 31, 2010</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>6</u> I.D. NUMBER 1292746
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Selinske

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>100.00</u>	\$ <u>158.37</u>
2. Loans Received ..... Schedule B, Line 3	<u>2500.00</u>	<u>2500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>2600.00</u>	\$ <u>2658.37</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>2600.00</u>	\$ <u>2658.37</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>2,270.00</u>	\$ <u>2,270.00</u>
7. Loans Made ..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>2,270.00</u>	\$ <u>2,270.00</u>
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	\$ <u>2,270.00</u>	\$ <u>2,270.00</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>58.37</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>2600.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	<u>2,270.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>388.37</u>

If this is a termination statement, Line 16 must be zero.

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 for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse \$ \_\_\_\_\_

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>July 1, 2010</u> through <u>Dec. 31, 2010</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>6</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Tom Selinske</b>	I.D. NUMBER <b>1292746</b>
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/10	Miles B. Shanks 621 N. Magnolia Dr. San Gabriel, CA 91775-2113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice Pres. of Investments/Crowell Weedon	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>100.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 100.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 58.37
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 158.37

\*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

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from <u>July 1, 2010</u>	<b>CALIFORNIA FORM 460</b>
through <u>Dec. 31, 2010</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Tom Seinske</b>	I.D. NUMBER <b>1292746</b>
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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 PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Ernest Kharallah 3368 Rubio Crest Dr. Altadena, CA 91001	Pres., Acct. Mgr., Creative Dir./Marketing Plus	\$ 2500.00	\$ 2500.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 2500.00  2/1/11 DATE DUE	0 % RATE	\$ 2500.00  12/4/10 DATE INCURRED	CALENDAR YEAR \$ 2500.00 PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>								\$ 2500.00

**Schedule B Summary**

(Enter (e) on Schedule E, Line 3)

1. Loans received this period ..... \$ 2500.00  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 2500.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	July 1, 2010	
through	Dec. 31, 2010	Page <u>6</u> of <u>6</u>
		I.D. NUMBER 1292746

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Selinske

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Pasadena, Office of the City Clerk 100 N. Garfield Ave., S228 Pasadena, CA 91109-7215	FIL		2,200.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,200.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,200.00
2. Unitemized payments made this period of under \$100	\$ 70.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 2,270.00</b>