Recipient Committee Campaign Statement Cover Page	Type or print i	Type or print in ink.			CALIFORNIA C	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable (Month, Day, Year)	MITY OLE	18:54 ∵	For Official Use 0	
Type of Recipient Committee: All Committee		2. Type of Statement:	CITY OF PASA	UEMA .		
✓ Officeholder, Candidate Controlled Committee	☐ Primarily Formed Ballot Measure Committee ☐ Controlled ☐ Sponsored (Also Complete Part 6) ☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statemen ☐ Semi-annual Statemen ☐ Termination Statemen (Also file a Form 410 ☐ Amendment (Explain	nt : Termination)	Supplem	Statement Odd-Year Report ental Preelection It - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM	I.D. NUMBER 1313179	Treasurer(s)				
Terry Tornek for City Council 2013		Terry E. Tornek MAILING ADDRESS 646 S. Hudson Avenu	e			
STREET ADDRESS (NO P.O. BOX) 646 S. Hudson Avenue		Pasadena	STATE CA	21P CODE 91106	AREA COE 626.796.5	
	ZIP CODE AREA CODE/PHONE 91106 626.796.5401	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS	JRER, IF ANY			
646 S. Hudson Avenue CITY STATE Pasadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET C	91106 626.796.5401	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS 646 S. Hudson Avenu CITY Pasadena	CA JRER, IF ANY		626.796.5	
646 S. Hudson Avenue CITY STATE Pasadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET C	91106 626.796.5401 R P.O. BOX	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS 646 S. Hudson Avenu	CA JRER, IF ANY	91106 ZIP CODE		
646 S. Hudson Avenue CITY STATE Pasadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CO CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State of	91106 626,796,5401 R PO. BOX ZIP CODE AREA CODE/PHONE eviewing this statement and to the best of my k	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS 646 S. Hudson Avenu CITY Pasadena OPTIONAL: FAX / E-MAIL ADD	CA UPER, IF ANY	91106 ZIP CODE 91106	626.796.£	
646 S. Hudson Avenue CITY STATE Pasadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CO CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State	91106 626,796,5401 R PO. BOX ZIP CODE AREA CODE/PHONE eviewing this statement and to the best of my k	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS 646 S. Hudson Avenu CITY Pasadena OPTIONAL: FAX / E-MAIL ADD	CA JRER, IF ANY	91106 ZIP CODE 91106	626.796.£	
646 S. Hudson Avenue CITY STATE Pasadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CO CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and runder penalty of perjury under the laws of the State of th	91106 626.796.5401 R PO. BOX ZIP CODE AREA CODE/PHONE eviewing this statement and to the best of my k California that the foregoing is true and correct. By By	Pasadena NAME OF ASSISTANT TREASI Maria Tornek MAILING ADDRESS 646 S. Hudson Avenu CITY Pasadena OPTIONAL: FAX / E-MAIL ADD	CA JRER, IF ANY	91106 ZIP CODE 91106	626.796.£	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 5

Officeholder or Candidate Controlled Com	nittee	6.	Primarily Formed Ballo	t Measure	Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
Terry Tornek									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER JURISDICTION			☐ SUPPORT			
Pasadena City Council, District 7						OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP								
646 S. Hudson Avenue Pasad	lena CA 91106		Identify the controlling officeholder, candidate, or state measure proponent, if any						
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY			
COMMITTEE NAME	I.D. NUMBER				L	Contract of the Contract of th			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Canc officeholder(s) or candidate(s)						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE			
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE			
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HI	ELD SUPPORT OPPOSE			
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE			
	CODE AREA CODE/PHONE		Attac	h continuatio	n sheets if necessary	,			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Terry Tornek for City Council 2013					1313179				
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 General Elections				
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 0	\$ \$	0	20. Contributions Received \$				
Expenditures Made 6. Payments Made	\$.	0 284 0 0	•	284 0 284 0 0 284	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$				
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.	\$.	0 0 284 254	am cor froi rep Co figu sub per the for	calculate Column B, add to the responding amounts of Column B of your last port. Some amounts in lumn A may be negative ures that should be otracted from previous riod amounts. If this is effect report being filed this calendar year, only	*Amounts in this section may be different from amounts reported in Column B.				
17. LOAN GUARANTEES RECEIVED	\$.	0	car	ry over the amounts m Lines 2, 7, and 9 (if	FPPC Form 460 (January/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37)				

	_	SCHEDULE B - PART 1						
Schedule B – Part 1 Loans Received	Amo	Statement cov	rers period 1/12	california 460				
					through6	/30/12	Page4	of5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tillough		I.D. NUMBER	<u> </u>
							1313179	
Terry Tornek for City Council 2013								
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
Terry E. Tornek	Real Estate Investor			PAID				CALENDAR YEAR
646 S. Hudson Avenue	Hudson Properties, LLC			\$	0 s 21,500		s 10,000	s21,500
Pasadena, Ca. 91106	·			FORGIVEN		RATE		PER ELECTION**
		\$21,500	s0	s	0 12/31/12	s	10/23/08	s
TIND □ COM □ OTH □ PTY □ SCC					DATE DUE	<u> </u>	DATE INCURRED	ļ
				PAID				CALENDAR YEAR
				\$	_ \$	RATE %	\$	\$
				FORGIVEN				PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
- IND COM COM COM				☐ PAID				CALENDAR YEAR
						9/		
				FORGIVEN	_ •	RATE	,	PER ELECTION **
				_				
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	*	DATE DUE	3	DATE INCURRED	-
		SUBTOTALS \$	0 9	\$	0 \$ 21,500	\$ 0		
						(Enter (e) on		ACCIPILITY OF A ROBBEST
Schedule B Summary						Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans				\$ _	0	. ft	Contributor Codes	
2. Loans paid or forgiven this period				\$	0		ID – Individual OM – Recipient Co	nmmittee
(Total Column (c) plus loans under \$100							(other than	PTY or SCC)
(Include loans paid by a third party that	are also itemized on Sched	lule A.)					TH – Other (e.g., TY – Political Part	
3. Net change this period. (Subtract Line	2 from Line 1)			NET \$	0		CC - Small Contrib	
Enter the net here and on the Summary	y Page, Column A, Line 2.			· · · · · ·	(May be a negative number)	_		

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

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

Schedule E Payments Made	Type or prir Amounts may to whole o	be rounded		Statem	ent covers period 1/1/12		FORNIA 460 DRM	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/12	Page _	5 of5_	
NAME OF FILER				•		I.D. NU		
Terry Tornek for City Council 2013						13131	79	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunications d appearance nses llating s survey researd livery and me	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and production ned contributions naign workers' salaries cable airtime and product date travel, lodging, and spouse travel, lodging,	duction cos d meals and meals s of the sa	ils same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DI	ESCRIPTION OF PA	AYMENT		AMOUNT PAID	
Political Data Inc. PO Box1706 Burbank, CA. 91507			On-Line Data				\$250	
* Payments that are contributions or independent expenditures	must also be summ	arized on So	chedule D.		SU	BTOTAL	\$ 250	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	250	
2. Unitemized payments made this period of under \$100						\$	34	

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

Type or print in ink.

Schedule E

SCHEDULE E

0

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