Recipient Committee Campaign Statement	Type or print in ink.		Date Stamp	COVERPAGE
Cover Page (Government Code Sections 84200-84216.5)			RECEIVED	FORM 400
	Statement covers period from JAN-1-2012	Date of election if applicable: (Month, Day, Year)	13 JAN 18 A9:34	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through Dec - 3+2012	MAR-5-13	GITY CLERK	
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	OF TASADENA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lsso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Supplement Statement	Statement dd-Year Report ental Preelection t - Attach Form 495
3. Committee information	. NUMBER	Treasurer(s)		
STREET ADDRESS (NO P.O. BOX) STATE STATE		NAME OF TREASURER TARA GOME MAILING ADDRESS 501 E PENI CITY PASA DE DA NAME OF ASSISTANT TREASUR	AT ST. STATE ZIP CODE (14. 91104	area code/phone 626-399-1318
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
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	By Sphall Colors	wiledge the information contained he Signature of Treasurer or Assistant roung Officeholder, Candidate, State Measure Pro	Treasurer opponent or Responsible Officer of Sponsor State Measure Proponent state Measure Proponent	- - - FPPC Form 460 (January/05)
			FPPC Toll-Free Helplin	e: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

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

Officeholder or Candidate Controlled Commit	tee		rimarily Formed Ballo	ot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		N	AME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) PASABENA BOARD OF EDUCATION DISTRICT #3 2013		Ē	ALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CT	Y STATE ZIP	_	dentify the controlling off			e proponent, if any.
		1	IAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you ocontributions or make expenditures on behalf of your candidate.	r are primarily formed to receive	7	OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUMBER	_				
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	Primarily Formed Can officeholder(s) or candidate(s	s) for which this	s committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)	ľ	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Ĩ	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	ī	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	ī	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC)X)					
CITY STATE ZIP C	DDE AREA CODE/PHONE		Atta	ch continuatio	on 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.

Statement covers period from	CALIFORNIA 460 FORM		
through	Page of		
	I.D. NUMBER		

SUMMARY PAGE

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			1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3			20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2			Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3			21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	\$	Candidates
7. Loans Made Schedule H. Line 3			22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	\$	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	\$	<i></i> \$
Current Cash Statement			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		amounts in Column A to the corresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		from Column B of your last report. Some amounts in	reported in Column B.
15. Cash Payments Column A, Line 8 above		Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse			FPPC Form 460 (January/0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1	FPPC Form 460 (January/0: