Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stamp	24 60	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 11113 through 11713	Date of election if applicable: (Month, Day, Year) 3 5 2013	CITY CLERK	JAN 24 18:84AM	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	rmination)	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NA	DE AREA CODE/PHONE DY GRANTAN 4-0325	Treasurer(s) NAME OF TREASURER MAILING ADDRESS CITY MAILING ADDRESS MAILING ADDRESS CITY	V VISTA AV STATE CH ER, IF ANY	LE ZIP COO GNO	4 67167940335
OPTIONAL: FAX / E-MAIL ADDRESS	MKCOTO COM	OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP COD	E AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing a under penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my know that the foregoing is true and correct. By Signature of Contr By By By	Wiledge the information contained here: Signature of Treasurer or Assistant Tre Light Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State	easurer - nent or Responsible Officer of the Measure Proponent Measure Proponent	Sponsor	FPPC Form 460 (January/05) ine: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

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

Page ____ of ____

_			*********						
5.	Officeholder or Candidate Controlled Comm	ittee	6. Primarily Formed Ballot Measure Committee						
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
	Kim Kenne								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	Te	7	
	School Board Tristle, Pas	School Board Tristle, Pasadena Unified] SUPPORT] OPPOSE	
		ITY STATE ZIP							
	1624 N Mar Vista Are Pasa	idena CA GILOU	Identify the controlling officeholder, candidate, or state measure proponent, if any				proponent, if any.		
	100 100	CH CHICA		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
	Related Committees Not Included in this Sta	formands							
	not included in this statement that are controlled by you c	Itement: List any committees		OFFICE SOUGHT OR HELD					
	contributions or make expenditures on behalf of your can	didacy.		THE STATE OF THE S		DISTR	ICT NO.	IF ANY	
	COMMITTEE NAME	I.D. NUMBER				l			
		I.D. NOMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names				st names of		
		☐ YES ☐ NO		officeholder(s) or candidate(s)	for which thi	is committee is prima	rily form	ed.	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	т	
	,	•					···LLD	SUPPORT	
	CITY STATE ZIP CO	DDE AREA CODE/PHONE						☐ OPPOSE	
	22 <u>2.</u> 3.	ANEA GODE/FHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	Coupper	
								SUPPORT OPPOSE	
,	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICE US. DET. OF					
				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT	
	NAME OF TREASURER							OPPOSE	
	YAMIE OF I REASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD		
		YES NO				January South Cit	TILLU	SUPPORT	
(COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	x)		·				OPPOSE	
(CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attant	. continueti-	m abasta 15			
				Attaci	i continuatio	n sheets if necessa	ary		

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 1115

through 113 Page 3 of 5

I.D. NUMBER

Kenne for school Board			1332432
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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	sO	\$ 0 11400.00 \$ 11,400.00 0 \$ 11400.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$\$
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	\$ 2844.35 -1600.00	\$3844.25 	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (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. 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	0 0 - 3844.35 \$ 6238.18	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.
Joseph Column B above	- 10,100		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kenne for School	Amounts may to whole	be rounded	d	statement covers period from 11113	Page _	CALIFORNIA 46 FORM 46 Page 4 of 5 I.D. NUMBER		
CODES: If one of the following codes accurately design of the following codes accurately design consultants. 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 legal defense campaign literature and mailings	MISK member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearance enses culating cs survey resea elivery and me	es	RAD radio airtime and production returned contributions SAL campaign workers' salaried tv. br cable airtime and productions returned contributions campaign workers' salaried tv. br cable airtime and production recommendation recomm	on costs es roduction cost and meals g, and meals ees of the sa	sts s ame candidate/spons		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Danul Longmire 3719 Arbaieda St. Pasadena CA GIIOT		LIT				400.00		
PDI PO BOK SASAC Nowach (A GOUSZ		cmp				1394.35		
Truitland Company 301 E Columba Blued Shi Pasadena CA 91104	te 612	CNS				1000.00		
* Payments that are contributions or independent expenditu	res must also be summ	arized on So	chedule D.	SI	JBTOTAL\$	2794.3		
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule Include all Schedule Include	dule E subtotals.)					27 94.35		

2. Unitemized payments made this period of under \$100\$

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

Type or print in ink.

Schedule E

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

SCHEDULEE

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or print in ink Amounts may be roun to whole dollars.	:. ded	Statement co	13	CALIFORNIA 460 FORM of	
Kenne for school Bo	said			I.D	NUMBER 1332432	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/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	and production costs ributions rkers' salaries irtime and production rel, lodging, and meals rayel, lodging, and me	eals e same candidate/sponsor				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Truit and Company. 301 E Colwada Blod Suite 612 Pasadena CA 91101	CNS	2000	Ø	1000	1000	
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	9 <i>00</i> 0 \$	0 \$	1000	\$ 1000	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized page 1. Not observe this period. (Subtraction of the second of	ccrued expenses under \$ dule F, Column (c) subtota ayments on accrued expe	100.)			*	
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and					

SCHEDULE F

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