Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in i	ink.	Date Stamp	california 460 form		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/12 through 12/31/12	Date of election if applicable: (Month, Day, Year) 03/05/13	JAN 38 89:58AM	For Official Use Only		
○ State Candidate Election Committee Complete Part 5) ○ Recall ○ Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Other Part State Part Stat	inplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) 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 Te ☐ Amendment (Explain b	☐ Qual ☐ Spec ☐ Supp Germination)	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495		
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Stella Murga for PUSD School Board 2013 STREET ADDRESS (NO P.O. BOX) 1435 Paloma Street	1.355024	Treasurer(s) NAME OF TREASURER Ann Murga MAILING ADDRESS 2326 Garfield Avenue CITY	STATE ZIP C			
CITY STATE ZIP COI Pasadena CA 91104 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COI OPTIONAL: FAX / E-MAIL ADDRESS	(626) 808-5059 ox	Altadena NAME OF ASSISTANT TREASUL N/A MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP (
s.murga@sbcglobal.net I. 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	a that the foregoing is true and porrect. By	owledge the information contained he		ules is true and complete. I certify		
Executed on	ByBy	ntrolling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S	State Measure Proponent			

COVER PAGE

Officeholder or Candidate Controlled Con	fficeholder or Candidate Controlled Committee			ot Measure	Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		NAME OF BALLOT MEASURE							
Stella Murga										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON .		SUPPORT OPPOSE			
PUSD School Board District 5		~	•							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1435 Paloma Street Pasa				Identify the controlling officeholder, candidate, or state measure proponent, if						
1435 Faloitia Street Fasi	adena CA 91104		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	OPONENT					
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.			OFFICE SOUGHT OR HELD	DISTRICT NO. IF		IF ANY				
COMMITTEE NAME	I.D. NUMBER		department of the second secon							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Can officeholder(s) or candidate(didate/Offic s) for which th	ceholder Co	ommittee L oprimarily form	ist names of ned.			
COMMITTEE ADDRESS (NO P	о. вох)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR			
CITY STATE :	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT			
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD				
			NAME OF OFFICEROLDER OR	CANDIDATE	OTTICE SOC	ON ONNELD	SUPPORT OPPOSE			
				CANDIDATE	OFFICE SOL	IGHT OR HELD				
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	011102000					
NAME OF TREASURER COMMITTEE ADDRESS STREET, ADDRESS (NO F	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	0/1102 000		SUPPORT OPPOSE			

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1355026 Stella Murga Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 3.500.00 3,500.00 20. Contributions 3,500.00 3.500.00 3,500.00 Received 00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$ \$ 3,500.00 Made 3,500.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 00 **Candidates** 00 00 22. Cumulative Expenditures Made* 00 00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 00 00 Date of Election Total to Date 00 (mm/dd/yy) 00 10. Nonmonetary Adjustment Schedule C, Line 3 00 00 **Current Cash Statement** To calculate Column B, add 3.500.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 3.500.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1 Statement covers period CALIFORNIA

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Loans Received	to whole dollars.					FORM	^ 40U			
SEE INSTRUCTIONS ON REVERSE	through 12/3//12					Page 4	of <u>4</u>			
NAME OF FILER	I.D. NUMBER									
Stella Murga							1355			
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Sklla Murga	Executive		·	☐ PAID				CALENDARYEAR		
Jena Junger	Director,			s_O	:3500.	RATE W	,3,00	1		
1435 Paloma St. Pas adena CA 91104	0.00			FORGIVEN		KAIE		PER ELECTION**		
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		SUBTOTALS \$;	\$	\$	\$				
Cahadula D Cummani		,				(Enter (e) on Schedule E, Line :	3)			
Schedule B Summary				e : "?	(00:					
Loans received this period (Tatal Column (h) plus uniternized loans	of less than \$100.)	******************	******************	., P	7 3:		†Contributor Codes	3		
,	(Total Column (b) plus uniternized loans of less than \$100.)									
2. Loans paid or forgiven this period	noid or forgiven		**************	Ф		~	COM - Recipient Co (other than	ommittee PTY or SCC)		
(Total Column (c) plus loans under \$100	are also itemized on Sched	lule A.)					OTH - Other (e.g.,			
(Include loans paid by a third party that are also itemized on Schedule A.) Net change this period. (Subtract Line 2 from Line 1.)										
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)	*************	***************	, IVE \$(M	(sy be a negative number)	. (·			
)					" '	~ •		
*Amounts forgiven or paid by another party also n ** If required.	must be reported on Schedule A.						FPPC Form	1 460 (January/05)		
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