Statement covers period from 12-4-2012	Date of election if applicable:	Æ		age / of 3
through 1-30-2013	(Month, Day, Year) 3/5/2013	22	鲁卜	For Official Use Only
Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			Statement
Committee  Controlled  Sponsored  (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee  (Also Complete Part 7)	Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Special C	Odd-Year Report ental Preelection nt - Attach Form 495
CODE AREA CODE/PHONE	CITY AND DOVA	STATE CA	ZIP CODE	AREA CODE/PHONE  626 345/29
	MAILING ADDRESS	A IN THE STREET, T		
ODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE	AREA CODE/PHONE
By Signature of Con	Signature of Teasurer or Assistant Introlling Officeholder, Candidate, State Measure Pro	Treasurer  ponent or Responsible Officer of tale Measure Proponent		s true and complete. I certify
	through 1-30-2013  Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee	through   - 30 - 2013   3   5   7013    Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee   Controlled   Semi-annual Statement   Semi-annual Statement   Also file a Form 410 To   Amendment (Explain b   Ame	through   - 30 - 2013   3   5   7013   3   701	Complete Parts 1, 2, 3, and 4.   Primarily Formed Ballot Measure Committee   Semi-annual Statement   Quarterly Special (Also Complete Parts 1)   Preelection Statement   Quarterly Special (Also Complete Parts)   Special (Also Complete Part 6)   Amendment (Explain below)   Statement   Supplem Statement   Quarterly Special (Also Complete Part 6)   Amendment (Explain below)   Statement   Statement   Statement   Supplem Statement   Statement   Supplem Statement   Statement

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE	THE CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR		NAME OF BALLOT MEASURE						
USD BOARD OF LOVERTUN SLOTI / 1/57 ICE /			BALLOT NO. OR LETTER JURISDICTION		N	SUPPORT OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP THI THOUSEA CA 91051		Identify the controlling office			easure p	proponent, If any.		
Related Committees Not Included in this Sta	tement: List any committees		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT				
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		FANY		
COMMITTEE NAME	I.D. NUMBER				-				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO		,	NAME OF OFFICEHOLDER OR CA	ANDIDATE	PERICE SOUGHT OF BO	1	SUPPORT OPPOSE		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE		SUPPORT OPPOSE		
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT OPPOSE		
TY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary									

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 12-4-20/2 CALIFORNIA 460 FORM through 1-30-20/3 Page 3 of 3

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **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 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made ...... Schedule E. Line 4 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) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B, add 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 reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 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). 18. Cash Equivalents ...... See instructions on reverse 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)