CITY CLERK

					9,11		0005555
Recipient Committee Campaign Statement Cover Page			Туре	or print in ink.	2011nJAN	IMA &S	COVER PAGE CALIFORNIA 2001:02 FORM 460
(Government Code Sections 84200-84216.5)		Statement of	overs period	Date of election if applicable:			Page of
		from 10/17/2	010	(Month, Day, Year)			For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through 12/31	72010				
1. Type of Recipient Committee: All Co	mmittees - Complete	Parts 1, 2, 3, and 4.		2. Type of Statement:			··
Officeholder, Candidate Controlled Co O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee Sponsored O Small Contributor Committee O Political Party/Central Committee		Primarily Formed B Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed C Officaholder Comm (Also Complete Part 7)	andidate/	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	tion)	□ s₁ □ s₁	uarterly Statement bedal Odd-Year Report upplemental Preelection aternent - Attach Form 495
3. Committee Information		I.D. NUMBER 770923		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM GLENDALE FIREPIGHTERS FOR BETTER				Richard Bush MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY Long Beach	STATE CA	ZIP CODE 90808	AREA CODE/PHONE
CITY STA GLENDALE CA			PHONE	NAME OF ASSISTANT TREASURER, IF AN	iY .	· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX			MAILING ADDRESS			
CITY STA	TE ZIP CODE	AREA CODE/	PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS Treasurer: richwbush@yah	DO.COM		
4. Verification I have used all reasonable diligence in preparin under penalty of perjury under the laws of the S Executed on 1/26/2011 Executed on 1/26/2011 Date Executed on Date Executed on Date	g and reviewing the and reviewing the control of California (sis statement and to the both the foregoing is true a sy	signature of Cofficient	the information contained herein and in the att A Contained herein and in the att A Contained of Treasurer of Assistant Treasurer Officeholder, Candidate, State Measure Proport ure of Controlling Officeholder, Candidate, State Measure Proport use of Controlling Officeholder, Candidate, State Measure Proport use of Controlling Officeholder, Candidate, State Measure Proport	ole Officer of Sponsor		lete. I certify FPPC Form 460 (January/05) Free Helpine: 856/ASK-FPPC (866/275-3772)
			- Sylled	The state of the s		FPPE Tol	Frea Helpkne: 856/ASK-FPPC (866/275-3772 State of Cablorn

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA FORM 460

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		_	NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO, OR LETTER	JURISDICTION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	-	Identify the controlling office	ceholder, candidate, or state	
		-	NAME OF OFFICEHOLDER, CANDIDA	•	
Related Committees Not Included in this Statemer not included in this statement that are controlled by you or are primarily to contributions or make expenditures on behalf of your candidacy.	nt: List any committees rmed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	-			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) for wi		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		•	NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SOUG	SHT OR HELD SUPP
COMMITTEE NAME	E AREA CODE/PHONE	<u> </u>	NAME OF OFFICEHOLDER OR CAND	OFFICE SOUG	HT OR HELD SUPP
	is. Nones		NAME OF OFFICEHOLDER OR CAND	OFFICE SOUG	
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SOUG	SHT OR HELD SUPP
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		-			ОРРО
CITY STATE ZIP COD	E AREA CODE/PHONE	-	Attach	continuation sheets if neces	ssary

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period 10/17/2010

12/31/2010

from

through -

CALIFORNIA FORM

Page 3

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER. GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT I.D. NUMBER 770923

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
1. Monetary Contributions	\$0.00	\$0.00	General Elections
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$0.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$0.00	\$0.00	Made
Expenditures Made		-	Expenditure Limit Summary for State
S. Payments Made Schedule E, Line 4	\$1,000.00	\$17,764.22	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$1,000.00	\$17,764.22	(If Subject to Voluntary Expenditure Limit)
). Accrued Expenses (Unpaid Bills)	\$74.70	\$99.47	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C. Line 3	\$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$1,074.70	\$17,863.69	
Current Cash Statement		-	
2. Beginning Cash Balance Previous Summary Page, Line 16	\$37,902.16	To calculate Column B, add	
3. Cash Receipts	\$0.00	amounts in Column A to the	Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	\$0.52	corresponding amount from Column B of your last	,
5. Cash Payments Column A, Line 8 above.	\$1,000.00	report. Some amounts in Column A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$36,902.68	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	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
ash Equivalents and Outstanding Debts		any).	
8. Cash Equivalents	\$0.00		
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$99.47		
			FPPC Form 460 (Januar) FPPC Toll-Free Helpine: 868/ASK-FPPC (866/275-3

Schedule Monetary	A Contributions Received	A	Type or print in ink. mounts may be rounded to whole dollars.	Statement covers period from 10/17/2010		CALIFORNIA 460	
SEE INSTRUCTIONS	ON REVERSE				throug	h <u>12/31/2010</u>	Page 4 of 14
NAME OF FILER GLENDALE FIRE	EFIGHTERS FOR BETTER GOVERNMENT						1.D. NUMBER 770923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED 1 PERIOD	HIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		IND COM OTH SCC					:
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		IND COM OTH PTY SCC			•		
		IND COM OTH PTY SCC					
			SUBTOTAL \$				
(Include all Sch 2. Amount receive 3. Total monetary	ed this period - itemized monetary contributions. nedule A subtotals.)	an \$100	<u> <u>s</u></u>	0.00 0.00		IND - Ind COM - F OTH - O PTY - Po	utor Codes dividual Recipient Committee other than PTY or SCC) tither (e.g., business entity) olitical Party mall Contributor Committee

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

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

SCHE	וו זרו:	FR-	PART 1

Loans Received			may be rounded note dollars.		from	ent covers period //17/2010 12/31/2010	CALIFORM FORM	460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER GLENDALE FIREFIGHTERS FOR BETTER GOVERNI	MENT						I.O. NUMBER 770923	
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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION
†□ IND □ COM □ OTH □ PTY □ SCC				. 	DATE DUE	ļ	DATE INCURRED	-
				PAID	,	%	or it is a second	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION
†□ IND □ COM □ OTH □ PTY □ SCC				<u> </u>	DATE DUE	-	DATE INCURRED	·
				PAID		%		CALENDAR YEAR
	,			FORGIVEN		RATE		PER ELECTION"
†□ IND □ COM □ OTH □ PTY □ SCC			·		DATE DUE		DATE INCURRED	
		SUBTOTAL \$;	\$:	:			
Schedule B Summary			1242			(Enter (e) on Schedule E, Line 3)		
Loans received this period	n \$100.)			\$0.0	0	*Conta	ributor Codes	
Loans paid or forgiven this period	raiven.)			\$0.0	0	COM-	Individual - Recipient Cor (other than Pi Other (e.g., bu	TY or SCC)
 Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu 	1.) ımın A, Line 2.	······			De a negative number)		Political Party Small Contribu	utor Committee
*Amounts foreiven or naid by another party also mus	t he reported on Schedulo A	7						

FPPC Form 460 (January/05) FPPC Tof-Free Helpina: 866/ASK-FPPC (866/275-3772)

** If required.

Schedule Nonmone	C etary Contributions Rec	eived	Type or print in ink. Amounts may be roun to whole dollars.		Statement covers period from 10/17/2010 12/31/2010		CALIFORNIA FORM 460	
SEE INSTRUCTIONS (ON REVERSE				through		Page -	
GLENDALE FIRE	FIGHTERS FOR BETTER GOVERNMENT						770923	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/. FAIR MARKET VALUE	D/ CALEND	ATIVE TO ATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
Attach additional i	nformation on appropriately labeled continua	ation sheets.	su	BTOTAL \$		1.		
Schedule C Sui	nmarv							
Amount receive	ed this period - itemized nonmonetary contri nedule C subtotals.)	ibutions.		\$0.00		IND - Ir	butor Code idividual Recipient (s Committee
2. Amount receive	ed this period - uniternized nonmonetary co	ntributions of less tha	an \$100	\$0.00	<u></u>		(other than	PTY or SCC) business entity)
3. Total nonmone (Add Lines 1 a	stary contributions received this period.	e Column & Lines 4	and 10)	TOTAL \$0.00		PTY-F	Political Par	

Schedule D	
Summary of Expenditures	
Supporting/Opposing Other	
Candidates, Measures and Comm	nittees
NAME OF FILER GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT	

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period 12/31/2010

CALIFORNIA FORM

SCHEDULE D

Page 7

1.D. NUMBER 770923

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2010		Monetary Contribution Nonmonetary Contribution independent Expenditure	Monetary Donation	\$500.00	\$500.00	2010 G: \$500.00
	Support Dppose		 Memo Reference: 1			
10/19/2010	Committee to protect Fire and EMS - No on H	Monetary Contribution Nonmonetary Contribution Independent Expenditure	donation Memo Reference: 2	\$500.00	\$500.00	2010 G: \$500.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
		·	SUBTOTAL \$			

Schedule D Summary

1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$1,000.00
2.	Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3.	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$1,000.00

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

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OFC office expenses

MBR member communications

MTG meetings and appearances

Statement covers period CALIFOR FORM

10/17/2010 FORM

through 12/31/2010 Page 8

RAD radio airtime and production

returned contributions

SAL campaign workers' salaries

RFD

FORM 460

SCHEDULE E.

SEE INSTRUCTIONS ON REVERSE

CNS campaign consultants

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

NAME OF FILER

GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT

I.D. NUMBER 770923

		PET	petition ci	irculating		TEL	t.v. or cable airtime and product	ion costs
CVC	civic donations	1 6.1	F					
FIL	candidate filing/ballot fees	PHO phone banks TRC candidate travel, lodging, an				candidate travel, lodging, and m		
FND	fundraising events	POL	polling an	nd survey res	search	TRS	staff/spouse travel, lodging, and	meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage,	delivery and	messenger services	TSF	transfer between committees of	the same candidate/spon
LEG	legal defense	PRO	profession	nal services	(legal, accounting)	VOT	voter registration	·
LIT	campaign literature and mailings	PRT	print ads		-	WEB	Information technology costs (in	ternet, e-mail)
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		•	CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Carl	sbad FP Legislative Action Group			СТВ	Monetary support	<u> </u>	- P. W. H. W. W.	\$500.00
	sbad, ca 920180945				,	-		
	2000, CB 320100343			Ì				
	Reference: 3 ttee to Protect Fire & EMS, No on H. Sponsored h							
~								
Comm: Profi	essional PF	y Stoc	kton	CTB	monetary support	:		\$500.00
Prof	essional FF	y Stoc	kton	CTB	monetary support	<u>:</u>		\$500.00
Prof	cton, CA 95629	y Stoc	kton	CTB	monetary support			\$500.00
Prof Stoc	essional FF acton, CA 95629	by Stoc	kton	CTB	monetary support	· '		\$500.00
Prof Stoc	essional FF	oy Stoc	kton	СТВ	monetary support	<u>.</u>		\$500.00
Prof Stoc	essional FF acton, CA 95629	y Stoc	kton	СТВ	monetary support			\$500.00
Prof Stoc	essional FF acton, CA 95629	Stoc	kton	СТВ	monetary support	<u>.</u>		\$500.00
Prof Stoc	essional FF acton, CA 95629	oy Stoc	kton	CTB	monetary support	-		\$500.00
Stoc Memo	essional FF cton, CA 95629 Reference: 4				monetary support	-		\$500.00
Prof. Stoc	essional FF acton, CA 95629				monetary support		SUBTOTA	
Stock Memo	essional FF cton, CA 95629 Reference: 4				monetary support	-	SUBTOTA	
Stock Stock Memo	Reference: 4 Reterence: 4 Reterence: 4 Reterence: 4 Reterence: 4	be summ	arized on S	Schedule D.				AL\$
Profi Stoci Memo Paym Scheo	Reference: 4 Tents that are contributions or independent expenditures must also liule E Summary Inized payment made this period. (Include all Schedule E subtotals	be summ	arized on S	Schedule D.				\$1,000.00
Prof. Stoci	Reference: 4 Reterence: 4 Reterence: 4 Reterence: 4 Reterence: 4	be summ	arized on S	Schedule D.				\$1,000.00 \$0.00

Schedule F Accrued Expenses (Unpaid Bills)

GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CA from 10/17/2010

california 460

SCHEDULE F

Page 9 of 14

I.D. NUMBER 770923

COE CMP CNS CTB CVC FIL FND IND LEG LIT	CES: If one of the following codes accurately descricampaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		member communication meetings and appears office expenses petition circulating phone banks polling and survey responstage, delivery and professional services (print ads	ences earch messenger services legal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime returned con campaign w t.v. or cable candidate to staff/spouse transfer beto voter registra	e and production intributions rorkers' salaries airtime and production o avel, lodging, and meals travel, lodging, and mea ween committees of the s ation technology costs (interne	osts ils same candidate/sponso t, e-mail)
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER LD, NUMBER)	D∈S	CODE OR CRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD		(b) FINCURRED PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
			,					*
• 00-000								
1. Transport	Put are contribution or independent expendeures must also be sumbarcing on Schaelige () on Schaelige ()		SUBTOTAL	\$				
Sche	dule F Summary							
1. Tot	tal accrued expenses incurred this period. (Include all Schedule F, Corued expenses of \$100 or more, plus total uniternized accrued expen	olumn (t nses und	o) subtotals for ler \$100.)	***************************************		***********	INCURRED TOTALS	\$74.70
2. Tot	tal accrued expenses paid this period. (Include all Schedule F, Colum crued expenses of \$100 or more, plus total uniternized payments on a	nn (c) su	ibiotals for navments or	ī				\$0.00
3. Ne	t change this period. (Subtract Line 2 from Line 1. Enter the difference the Summary Page, Column A, Line 9.)	ce here	and					\$74.70

FPPC Form 460 (January/05) FPPC Tol-Free Helpline: 866/ASX-FPPC (866/275-3772)

Schedule H Loans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period from 10/17/2010 through 12/31/2010					FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		- 	of
GLENDALE FIREFIGHTERS FOR BETTER GOVERN	iment						1.D. NUMBER 770923	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(8) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				☐ PÁID	. "	6/		CALENDAR YEAR
	;			FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE //		PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTAL	\$	\$	\$.	\$		
						(Enter (e) an Schedule I, Line 3)		14 11 4 11 4 1 - 1 1
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans of less that	an \$100.)			<u>\$D.(</u>	10	-		
Payments received on loans (Total Column (c) plus unitemized payments of les	s than \$100.)	***************************************	***************************************	\$0.0	00	-		** If required.
Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Col	: 1.)umn A, Line 7.	•			O a nogative gumber	<u>.</u>	_	

FPPC Form 460 (January/05) FPPC Tot-Free Helpline: 856/ASK-FPPC (886/275-3772)

(May be a negative number)

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Type or print in in Amounts may be ro to whole dollars	unded	Statement covers period from	CALIFORNIA FORM 460	
NAME OF FILER	S FOR BETTER GOVERNMENT				I.D. NUMBER	
COMPAND PICE IGNIER	S FOR BEITER GOVERNMENT				770923	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER J.D., NUMBER)		DESCRIPTION	AMOUNT OF INCREASE TO CASH		
		-	<u> </u>			
		73- SAVII	<u></u>			
				SUBTOTAL	\$	
Schedule I Summary						
1. Itemized increases to cas	h this period.	******************************	***************************************	\$0.00	_	
2. Unitemized increases to cash of under \$100 this period.					_	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)					_	
	ases to cash this period. (Add Lines 1, 2, and 3. Enter he			60 50		

FPPC Form 460 (January/05)
FPPC Toil-Free Helpine: 866/ASK-FPPC (866/275-3772)

Memo Reference: 1 Check #286		 	
			•
Memo Reference: 2 Check #287			
Check #287			
	·		
Memo Reference: 3		 	,
Check #286			
•			

Memo Reference: 4 Check #287	•			 -		
, , , , , , , , , , , , , , , , , , ,						

				•		

	•					