Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		CITY CLERK MAR 25 AM 7: 08	COVER PAGE  CALIFORNIA 460  FORM  Page of 5  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	from 2/19/11 through 3/20/11	4/5/11	24 pg 5:00	l si cinali dis cin,
↑ ○ State Candidate Election Committee ○ Recall (Also Complete Part 5)  ☐ General Purpose Committee	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	t Spec	rterly Statement cial Odd-Year Report blemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE CITY COUNCIL ZO // STREET ADDRESS (NO P.O. BOX)  CITY STATE / ZIPA  MAILING ADDRESS (IP DIFFERENT) NO. AND STREET OR P.O.	0/208 AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  MAILING ADDRESS  CITY  MAILING ADDRESS  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP C	720
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ  Executed on	nia that the foregoing is true and correct.  By	Signature of Controlling Officeholder, Candidate, Signature Office	t Treasurer rependence Responsible Officer of Sponsor	ales is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

### Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 2/19/1/ Page 2 of 26

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through .	3/20/11 Page Z of 26
NAME OF FILER OUN //KAVA/UN			1.D. NUMBER 127199-2
Contributions Received  1. Monetary Contributions	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 2/,309 \$ 2/,509 \$ 2/,309	* 26,293 \$ 26,293 \$ 26,293 \$ 26,293	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30  7/1 to Date  20. Contributions Received \$ 21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made		\$ 24,386 \$ 24,386 \$ 24,386	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	21,309 22,537 \$ 2,088 \$	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.
18. Cash Equivalents			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A **Monetary Contributions Received**

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

SCHEDULE A Statement covers period **CALIFORNIA FORM** 

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PER ELECTION IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE TO DATE RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) W. A. WARNER, Jr. MIND □сом **⊟отн** 100. 100/ □ PTY □scc F IND John Beeks ⊟сом 100/ 100-□отн □ PTY □scc IND COM TENNUE ROCLE 25.1 □отн □ PTY □scc € IND COM Rodriz Bearden, Sr. 75./ □отн 75,-PTY □scc DIND □ COM Потн 50. □ PTY stendale. □SCC SUBTOTALS 350 ...

Schedule	Α	Sum	mary
----------	---	-----	------

Amount received this period – itemized monetary contributions:  (Include all Schedule A subtotals.)	.\$ 21,009	<i>}</i>
	_	

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period. 

#### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.) Statement covers period **CALIFORNIA** 

NAME OF FILER	JOHN MAYMAN				1.D. NL	MBER 271997
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
423/11	In Crescerty CA 91214	MIND COM OTH PTY SCC	Letinul	100.	10/	
Y27/11	WALLY BUTNETKENT Glandale, CA 91708	MIND □COM □OTH □PTY □SCC	Retined	101	10/	
3/2/11	Lus Ayda M 9086	ENTAD COM OTH PTY SCC	Retirel	100/	100/	
3/7/11	LO CLESCENTA, CA 9124	□IND □COM ØOTH □PTY □SCC		10-	10.	
3/5/11	Solly Spolding olevance, CA 91701	DIND COM OTH PTY SCC	Self- TV	10.	10.	
			SUBTOTAL	500.		

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

SCHEDULE A (CONT.) CALIFORNIA

**FORM** 

Statement covers period

				through 3/2	0/11	Page	5 of 25
NAME OF FILER	John / KAMMAN					1.D. NUI	MBER 71997
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
3/9/11	Elaine Wilkenson Olendole, CA 91207	XIIND COM OTH PTY SCC	Retinel	30-	30.	<u>/</u> .	
3/10/11	Suson Southwith alandole CN 91208	XIND COM OTH PTY SCC	Retire	101	100.	/	
3/10/11	Churche, es 91202	DIND COM OTH PTY SCC	Self- Attorney	10-	10	/	
3/1/11	Peter Rusch Olevane, CA 91201	DIND COM OTH PTY SCC	se timent	101	100.	/	
3/9/11	Audria Humberger Monthose, ca 91020	Потн	-Arstonie Pheseud Consultant Wistonie Resources G-noup	191	99.	/	
	•		SUBTOTAL	\$ 699.			

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SCHEDULE A (CONT.) Statement covers period **FORM** 

NAME OF FILER	TOUN //KAYMAN				1.0. NU	MBER 27/99 Z
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/11	Vazrik Bonyadi Olendale, CA 91207	ZIND COM OTH PTY SCC	Realton Prudostial	1,00.	1,00 /.	
3/12/11	Gtc Properties Gerri Glevenle, CA 91201	□IND □COM NOTH □PTY □SCC		250/	250./	
3/10/11	clardale, CA 91207	DOTH SCC	restinal	25.1	25	
3/11	Pasadena, CA 9408	MIND COM OTH PTY SCC	Businessauper- Anomolt Lumber	10.1	10.	
3/10/11	John Silveston Olendole, CA 91208	∭IND ☐COM ☐OTH ☐PTY ☐SCC	scatinel	150.	150.	
			SUBTOTAL	\$ 1,575		经国际通行和关

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

SCHEDULE A (CONT.) Statement covers period **FORM** 

NAME OF FILER	JoHN NERVINAN				1.D. NU.	MBER 7199 T
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
712/11	Olevaple, CA 91707	₹∏IND ☐COM ☐OTH ☐PTY ☐SCC	Refinal	50.1	50.7	
3/13/11	Shirley ANN Hill Glendate, CA 91205	ISIND COM OTH PTY SCC	Reolbra ReMax	50.	50./	
3/13/11	Elms Schwartz Glendale, de 91208	MIND COM OTH PTY SCC	Hetinal	20/	20.1	
3/13/11	Arleve Vidor Glandole, CA 91205	DIND COM OTH PTY SCC	petinel	20v./	Da. 1	
3/13/11	Montrose, CA 91020	SIND COM OTH PTY SCC	Retinel	20/	sa.	
			SUBTOTAL	\$ 520.1		

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

SCHEDULE A (CONT.)

Statement covers period rom 2/9/// Page 9 of 3

NAME OF FILER	TOUN MANNAM		1	<del>,</del>		NUMBER 1271997
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
3/11/11	Beverly Wills, CA 90212	MIND COM OTH PTY SCC	Accordant - RDS Investronts	250-	250.	
3/20/11	Clertole, CA 91208	MIND COM	Realtor/, Mgc. property Mgc.	150/	150)	
3/12/11	Avita GABRIELIAN alendale, CA 91708	MIND □COM □OTH □PTY □SCC	Escutive- A7+7	99	99-	
3/13/11	Sterdal, CN 9/208	DIND COM OTH PTY SCC	Realtor Moves	101	10/	
3/13/11	RONALDING. Glerdale, CA 91707	DIND COM OTH SCC	self- Physician	150	150.1	
			SUBTOTALS	5749.		wales in the com-

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OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers périod **CALIFORNIA FORM** 

NAME OF FILER	JOHN MERYMAN				I	IMBER 271992
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IP COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/01	About Antiques Glendole, CA 9/208	□IND □COM MOTH □PTY □SCC	,	10-	10./	
3/19/11	Michael Brave Olevante, CA 91208	XIND ☐COM ☐OTH ☐PTY ☐SĆC	Retinel	30/	30./	
3/8/11	Leonard Baxt	MIND COM OTH PTY SCC	Self- A Horwey	1,000/	1,000.	
3/10/11	Terone Janger Les Dyeles, ca que o	DIND COM OTH PTY SCC	Self- A Honney	1,000.	1,000.	
3/16/11	MTE Expertments, The, Los Arges, CA 9024	□IND □COM ☑OTH □PTY □SCC		250/	250.1	
			SUBTOTAL	2,380.		

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IND - individual

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PTY – Political Party

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

SCHEDULE A (CONT.) Statement covers perioti **CALIFORNIA FORM** 

NAME OF FILER	TOUN //KA/MM				1.D. NU	MBER 271997
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/11	Helen Pichardson Glendales CA 9/208	MIND □COM □OTH □PTY □SCC	Refinal	50	50.	
719/U	Mirna Stanley Glandale, en 91208	DOTH SCC	Retinal	100-	100/	
3/9/11	ROBERTA WALKES Olerdole, CA 91.208	⊠IND □COM □OTH □PTY □SCC	Refinal	25.1	75.1	
3/1411	olendale, CA 91208	IND COM	Redinal	50.	50.1	
3/19/11	Denvis Guyes Glendole, CA 91208	DIND COM OTH PTY SCC	setimal	100.	1a.	
			SUBTOTAL	\$325.		

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PTY – Political Party SCC – Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 2/9 // CALIFORNIA FORM 460 through 3/20/1/ Page // of 25

NAME OF FILER	Tour MEAYMAN				1.D. NUI	MBER 271992
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 (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/11	Diane Continels Sourceans CA 90737	COM COM OTH PTY SCC	6M- COS Frustkent	50-	5a,	
3/19/4	Cleraple, an 91208	DIND COM OTH SCC	Retinal	70.1	20	
3/19/4	LAMY HANSON, OLENDALE, CA 91208	DIND COM OTH PTY SCC	Refinal	1501	150.	
3/13/11	Rimas ANELOUSKAS occudate, CA 91248	DIND COM OTH PTY SCC	Retiral	25.1	25.	•
3/17/11	Loretta Chicone Olendole, ON 91207	DIND COM OTH PTY SCC	Retinal	75./	75.1	
			SUBTOTALS	120.		

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

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cov	7/11	FC	FORNIA 460
NAME OF FILER	TOUN PLAYMAN		·	through 3/2	20/11	I.D. NU	12 of 25  MBER -7/99-2
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 (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/24/11	Olevable, CA 91207	DIND COM OTH PTY SCC	Asstaty Manager -city of Rolling Hills Estate	500.	500.		
3/3/11	Lynn Myers Glendrie, GA 91202	SIND COM OTH PTY SCC	Retired	500./	500.1	,	
3/4/11	Charstine Bloke Glevelole, CA 91214	GIND COM OTH PTY SCC	TV Producer Tri-Crown Prod.	1,000-	1,00.	/	
3/2/11	HO AND S- Construction Otherdale, Co rezor	IND   COM   OTH   PTY   SCC	-	1, au.	1,00.		
3/3/11	J. Blake Mostrose, CA 91020	MIND COM OTH PTY SCC	Retinal	1,00/	1,00.	/	
			SUBTOTAL	\$4,00.	是2000年1月1日 1000年1月1日		

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

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

			·	through 5/2	20/11	Page <u>/3</u> of	25
NAME OF FILER	JOHN MAYMAN					1.D. NUMBER 1271-99	97
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO	ECTION DATE QUIRED)
3/9/11	CLENTIFIE, CAG1205	MIND COM OTH PTY SCC	SELF- SONENNITER	50-	50-		
3/10/11	CARO AVANESSIAN GLENAME, CA 91206	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	50-	50-	-	
2/28/h	ASTORIAN, INC.	☐IND ☐COM MOTH ☐PTY ☐SCC	REAL ESTATE RE-MAX	500-	500-		
3/9/11	GLENNAVE, CA 9/207	∭IND □COM □OTH □PTY □SCC	RETINEN	99-	99-	-	
3/10/11	GUNDALE, CA GIZOG	IXIND COM OTH PTY SCC	Teneral	100 -	100		
		<u> </u>	SUBTOTAL	5 799		Special Control	

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Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Z/9/1/ CALIFORNIA 460

through 3/20/1/ Page 14 of 25

I.D. NUMBER

NAME OF FILER	Tour Marylund				1.D.NU /2	MBER 7/997
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/11	ROBERT TEAGLE GLENNALE, CA 9/102	MIND □COM □OTH □PTY □SCC	RETIREN	500-	500	
3/3/11	SHERMAN OAKS, CA 91423	IND   COM   OTH   PTY   SCC	HOLLYNOOD PRODUCTION CENTER	750 -	750	
3/8/11	GLENTALE, CA 9/207	MIND ☐COM ☐OTH ☐PTY ☐SCC	PUBLIC AFFAIRS ENTENTAINMENT MERCHANTS ASSOC	100-	100 -	
3/9/11	JOHN SAAA III GLENNATE, CA 9/206	MIND COM OTH PTY Scc	17 SEXVICES DATH-STREAM	15-	75-	
3/5/11	GENNAUL, LA 9/268	MIND COM OTH PTY SCC	RETIRES	50	50-	
			SUBTOTAL\$	1.525		E-PERMIT

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SCHEDULE A (CONT.) Statement covers period **FORM** 

NAME OF FILER	JOHN //KAYMAN				1.D. NU	MBER 71992
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/11	FRANK GASPAR GLENMART, CA 9/207	XIND COM OTH PTY SCC	RETIRED	50-	50	
3/3/11	SCHNOALE, CA 91002	MIND COM OTH PTY SCC	MGR. VINCET PARKING	100 -	100-	
2/26/11	GLENDATE, CA 9/207	ZÍND ☐COM ☐OTH ☐PTY ☐SCC	SELF ENT. IND OCSIGN	150	150-	
3/2/11	CHNAME, CAGIESS	MIND □COM □OTH □PTY □SCC	RETIKED	156-	150-	
2/26/11	GUNDALL, CA 9/206	ØIND ☐COM ☐OTH ☐PTY ☐SCC	RETILES	200	200	
	,	·	SUBTOTALS	650		

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NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement of vers period from 2/19/// CALIFORNIA 460

through 3/20/// Page 16 of 25

I.D. NUMBER

	LOUN //RAYMAN				12	7/992
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5	LACRESCENTA, CA 9/2/4 SHIRLEY WOO	⊠IND □COM □OTH □PTY □SCC	LANYER THE GAS CO.	100 -	100-	
3/5	SHIRLEY WOO  GLENNME, CA 9/206	☐SIND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	50-	52-	
3/2/11	THOMAS CATERO GLENNALE, CA 9/208 CHLISTINE ROLLING	⊠IND □COM □OTH □PTY □SCC	RETIRES	25-	25-	
3/3/11	CHLISTINE ROLLING GLENDALE, CA 9/208	MIND COM OTH PTY SCC	RETINED	50-	50-	
3/1/11	CYNTHIA BAKER GLENDALE, CA 91208	MIND ☐COM ☐OTH ☐PTY ☐SCC	PHYSICIAN SCPM G	50-	50-	
			SUBTOTALS	275		<b>新疆影片的主义</b> 和

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SCHEDULE A (CONT.)

Statement covers period

				through 3/2	_	17 of 25
NAME OF FILER	JOHN DRAYMAN				1,0. N	17/992
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/21/11	TANE LEGGETT GLENALE, CA 9,1208	DIND COM OTH PTY SCC	RETIRES	50 -	60.	
2/25/11	POUG GIBBS	MIND ☐COM ☐OTH ☐PTY ☐SCC	STAINED GLASS  Q.D. LIBBERCU.	.50-	50-	
2/24/11	LA CRESCENTA, CA 9/114	MIND □COM □OTH □PTY □SCC	RETIMED	50-	50-	
125/11	GLENDALE, CA 9/208	MIND COM OTH PTY SCC	RETIKED	200 -	1,000 -	-
3/3/11	CULTURALE, CA 9/202	DÍND COM OTH PTY SCC	EXMANINGE U.S. TREASURY DEPT.	100-	100-	
			SUBTOTAL	\$ 450		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH -- Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)
CALIFORNIA

from 9/19/1)	CALIFORNIA 460
through 3/ 70/1)	Page /8 of 25

NAME OF FILER DRAYMAN IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) RECEIVED CODE \* PERIOD (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC, 31) OFBUSINESS) CLAINE ALEXANDER СОМ LETIKED **□**OTH □ PTY GLENIALE, CA 91208 □scc MIND ADMIN. ASSIT. СОM 100-FULLGE SEMINARY OTH □ PTY GLENDALE, CA 9/209-0769 □scc GELSINGER MEATS ∏IND □сом 100 -⊠OTH □PTY 100 MONTROSE, CA 9/020 SCC XIND ⊟cом ПОТН WELLS FARGO 100 PTY □scc □ COM SELF □ OTH PTY □scc SUBTOTAL \$ 500

\*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC-Small Contributor Committee

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

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		110m - 7 5 5	<u> </u>		ORNIA 460
NAME OF FILER	JOHN DRAYMAN			through 3/3	80///	Page_	19 of 25 71992
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 (IFSELP-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	DATE	PER ELECTION TO DATE (IF REQUIRED)
2/21/11	IM RUSSELL IM CAESCENTA, CA 9/214	MIND ☐COM ☐OTH ☐PTY ☐SCC	SEIF ANDERSEN'S PET SNOP	150	150	s-	
1/24/11	MONTROSE, CAGIOZO	DIND COM OTH PTY SCC	RETIKEN	250	25	0	
2/22/11		IND COM OTH PTY SCC	SALES	150	150	(e)	
3/1/11	MARY BREMM CACRESCENTA, CA 9/214 SEENA WOUN	⊠IND □COM □OTH □PTY □SCC	SELF REAL ESTATE	10-	10	, —	
3/1/11	SEENA WOUND  GENNALE, CA 9/208	DXIND COM OTH PTY SCC	RETILED	25	25		

SUBTOTAL\$

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

	Schedule A (Continuation Sheet) Monetary Contributions Received				Statement cov	ers period	SCHEDULE A (CONT. CALIFORNIA 460 FORM	
		/		through 3/	20/1)	Page_	20 of 25	
NAME OF FILER	JOHN DRAYMAN		11.7			1.0.00	71992	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
3/1/11	CHRIS CRAISNOTTI	MIND COM OTH PTY SCC	REALTOR G&C PROPERTIE	250	29	5 T		
2/28/11	LA CANADA, CA 91011	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTY & VP SAFEWAY	100-	100	, –		
2/28/11	C.I. BRACKEN GUNDALE, CA 9/208	MIND COM OTH PTY SCC	RETIRED	100-	100	_		
2/28/11	LA CRESCENTA, CA NORMANI CLIFTON	MIND COM OTH PTY SCC	RETIRED	100-	100			
2/28/11	NORMAN CLIFTON	□IND □COM □OTH	RETURED	150	15.	5		

SUBTOTAL\$

□ PTY □ SCC

\*Contributor Codes

IND-Individual

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OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

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

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement cover	9/11		ORNIA 460
NAME OF FILER	JOHN DRAYMAN	/		through 3/2	(0/1)	Page_	MBER 0
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN, 1 - DEC	D DATE /EAR	PER ELECTION TO DATE (IF REQUIRED)
2/26/11	CLENDALTICA 9170 8	□IND □COM □OTH □PTY □SCC	RETIRED	150-	150	,— <u> </u>	
3/1/11	Borr/ Becker Swin / Olle 1 CA 93063	□ IND □ COM □ OTH □ PTY □ SCC	self- Constaction	1, au/	1,000.	/	
3/5/11	Mary Rose Orin Olevdole CA 91701	DIND COM OTH PTY SCC	Retirel	100.W	100		
3/6/11	olevante. CA 91708	DIND COM OTH PTY	Retinel	100-	100-	_	
3/2/11	PALOS VEL EST, CA 90274	DIND COM OTH PTY SCC	Retiral	1,000.	1,00.		
			SUBTOTAL	\$ 2,350,		ikan istor Kanparita	

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PTY - Political Party
SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Statement covers period from 119/1)	CALIFORNIA 460
through 3/28/1)	Page 22 of 25
	1.D. NUMBER 1992

	LOAN D CONNAN				1	77 1992	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
3/1/11	Potrizia Becker Sini Volly, CA 93063	MIND COM OTH PTY SCC	Retiral	1, au.	1, av.		
2/28/11	Marjonile Stork Lo Crescetto CA 91214	DIND COM OTH PTY SCC	Retinal	10/	100.		
42/11	Richard Bonnett	COM COM OTH PTY SCC	Retinal	1501	150,-		
2/23/11	Clerrale, CA 91708	DIND COM OTH PTY SCC	Retinal	10/	10/		
42411	Manilyn Adams Oleverle, CA 91748	DIND COM	Retirel	10./	10.1		
SUBTOTAL\$ /, 360 /							

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule E	
Payments Mad	е

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

	SCHEDULE
Statement covers period	CALIFORNIA 160
from _2/19/1/	FORM TOO
through <u>3/20/11</u>	Page 23 of 25
	I.D. NUMBER
	177109-

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1011116 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) voter registration VOT LIT campaign literature and mailings PRT print ads WEB Information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD, NUMBER) CODE DESCRIPTION OF PAYMENT AMOUNT PAID Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ Schedule E Summary 1. Itemized payments made this period. (Include all Schedüle E subtotals.)..... 2. Unitemized payments made this period of under \$100 .....

# Schedule E

legal defense campaign literature and mallings

ND

LEG

Type or print in ink.

print ads

SCHEDULE E (CONT.)

WEB information technology costs (internet, e-mail)

VOT voter registration

Continuation Sheet) Payments Made	iype or print in ink. Amounts may be rounded to whole dollars.	from 2/19/11 through 3/20/11	CALIFORNIA 460 FORM 460
TOHN PRAYMAN	,		1.D. NUMBER 1271992
CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately describ  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one of the following codes accurately described  CODES: If one	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee	costs duction costs d meals and meals

professional services (legal, accounting)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	RIPTION OF PAYMENT AMOUNT PAID
VERIZON	PHO PHONE	4125
US STORAGE	OFC STORKS	#108
MONTAOSE, CA 91020	PRT ADVERT	1. PAINTING # 849
RAY TRIM MONTHOSE, CA 9/021	SAL CAMPAIGA	N WKR SALAKY \$ 350
USA AKMENIAN LIFT GLENNALE, CA 91209	PRT ANVER	1. \$500

#### Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA** 

Statement covers period

**FORM** SEE INSTRUCTIONS ON REVERSE NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants CNS RFD returned contributions meetings and appearances CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID STAPLES LOS ANGERES, CA 90027 PRINT MAILING

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.