Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ink	OITY CLERK Date Stamp 1AR 26 PM 2: 47	CALIFORNIA 460	
(GOVERNMENT CODE SECTIONS 84200-04210.5)	Statement covers period from 2/18/67	Date of election if applicable: (Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>3/17/67</u>	4/3/07		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	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	Education Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
STREET ADDRESS (NO P.O. BOX)	CODE AREA CODE/PHONE	MAILING ADDRESS MONTA CITY NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZI	9/6/20 AREA CODE/PHONE
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE Z	R CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	,
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on	By Signature of Sh	Signature of Topisurer or Assistant Signature of Controlling Officeholder, Candidate, State Measure Pro	Treasuror poponent or Responsible Officer of Spor State Measure Proponent	

Campaign	Disclosure	Statement
Summary F	² age	

Type or print in ink.
Amounts may be rounded

SUMMARYPAGE

Summary Page SEE INSTRUCTIONS ON REVERSE	Amounts may be rounde to whole dollars.	from	tement covers period 2/18/07 h 3/17/07	CALIFORNIA 460 FORM of 2/
NAME OF FILER JOHN DEAYMAN	\checkmark			I.D. NUMBER /27/99 Z
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) \$ 19,095 \$ 19,095	Column B CALENDARYEAR TOTAL TODATE \$ 29,875 \$ 29,875 \$ 29,875	Running in Both the General Elections	nmary for Candidates ne State Primary and hrough 6/30 7/1 to Date\$
Expenditures Made 6. Payments Made	s 19,448	\$ 20,570 \$ 20,570 \$ 70,570	Candidates 22. Cumulath	Summary for State See Expenditures Made* Geological Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	19,095 19,448 5 18,084 s	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your lass 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, onlicarry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts FPPC Form 460 (January/05)
Add Line 2 + Line 9 in Column B above	» ———		FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 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

		10	wildia dollara.	from <u>3/12</u>	3/07	FORM	460
SEE INSTRUCTION	ONS ON REVERSE			through 3//	7/07	Page _3 of.	z/
NAME OF FILER	JOHN DENTHAN					1.D. NUMBER / 27/99	Z
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR TODA	TE.
3/16	GLENDALE, 91207	COM COM OTH PTY SCC	ATTOANEY STATE OF ALIT.	100	100		
3/16	GLENDALE, CA 9/207	COM COTH SCC	RETIRED	100	100		
3/15	GLENNALE, CA 9/202	DSCC	SECF- ANIMATION	100	100		
3/15	HONIKOSE , CA 91020	D M D CC		100	200		
3/16	GUNDAUL, CA 9/208	GIND COM OTH PTY SCC	SELF - CPA	100	100		
			SUBTOTAL	500			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions.				IND-	tributor Codes -Individual I – Recipient Committee (other than PTY or \$	
	ceived this period – unitemized monetary contributions etary contributions received this period.	of less than \$	s100\$	3,645	PTY-	- Other (e.g., busines - Political Party - Small Contributor Co.	s entity)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

				through 3/1	7/07	Page	4 01 21
NAME OF FILER	JOHN DRAYMO	N				1.D. NUN 1271	
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 (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/15	GLENDALE, CA 9/208	COM COM DOTH DPTY SCC	SELF- PARI INVESTMNT.	1,000	1,000		
3/3	C.R. ANDERSON (A CRESCENTA, CA GIZIY INCRE FIELMER	☐TNO ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100	100		
3/12	SLENDALE, CA 9/207	☐ COM ☐ COM ☐ PTY ☐ SCC	RETIRED	Z00	Zoe		
3/12	IKA HOLDINGS, LTD RENO, NV 89503	COM COTH PTY SCC		1,500	1,500		
3/10	GLENDALE, CA 91208	□#MD □COM □OTH □PTY □SCC	Accts. PYIL MGR. L-A. OVEX	/00	100		
			SUBTOTAL \$	2,900			

*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.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

				through 3/1	7/07	_	5 of 27
NAME OF FILER	JOHN DAX	1 YMAIN				I.D. J	11992
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/10	Robert Unuit Glandiles CA 91706	DEND COM OTH PTY SCC	Retineel	100.00	200		
3/9	GLESCOTT HAllower Glesche, CP 91207	□ AKID □ COM □ OTH □ PTY □ SCC	rectined	200.00	200		
3/10	Claudoles CA 9120P	COM COM OTH PTY SCC	Moraset LA Opera	100.00	100.		
3/12	DON TUBBS. Glendole, CA 91208	□ SCC	petinel	100.00	400		
3/12	BAHA EPTEKHAR Lo Crescenta, CA 91214	ETND COM OTH PTY SCC	continued/ self-Gupleyed	400.60	1,000.		
			SUBTOTAL	9a.			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

NAME OF FILER

Type or print in ink.

SCHEDULE A (CONT.)

eived	Amounts may be rounded to whole dollars.	Statement covers period from 2/18/07	california 460
		through 3/17/07	Page 6 of 2/
DRAYMI	an		1.D. NUMBER 1211992

	Go // 137011 / / 17131					11 270 -
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# 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)
3/6	MONTROSO, CO 91020	COM COM COTH SCC	Retinal	100.00	100	
3/15	Diane Stevens alendale, co 91706	GOM GOTH FTY SCC	Retinel	100-00	100	
3/12	Worman Plette Glendale, CA 91208	DAND COM OTH PTY SCC	Alterney Retined	100	100	
3/15	E. Parikh Morlio Har Beach, ca 90266	ØIND □COM □OTH □PTY □SCC	Pari Investment	1,000-00	1,000.	
3/13	BABBARA MAKONICH Glendale, CA 91706	EMIND COM OTH PTY SCC	jee fined	100	100	
			SUBTOTAL\$	1,400.		

*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,

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

				through 3/1	7/07		7 of 21
NAME OF FILER	JOHN DRAYM	لره				1.D. NUI	MBER 7 1992_
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
B/9	Thomas Vandermiller Glendole, CA 91208	DINO COM OTH PTY SCC	Comer-man ECG Local 600	100.00	100		
3/9	Olerane, CA 91208	GOM OTH PTY SCC	Actor/self Employed	100.00	100		
3/13	Olendole, CA 91708	SCC	Instructor/ Gicc.	100.00	100		
3/17	Chrilotte Huddle son	☐#XD ☐COM ☐OTH ☐PTY ☐SCC	Retiral	100.00)00		
3/13	David J. Turko ho Grescoto, op a1214	ZHKID □COM □OTH □PTY □SCC	Retinal	100+00	100		
			SUBTOTAL\$	500-W			GIANT TO THE

*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.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

				through 3//	1/07	Page_	8 of 21
NAME OF FILER	IONN DEASALA	w				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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/16	GARY GILBERT, MP GLENNAUE, CA 91207	COM COM OTH PTY SCC	POCTOR - SELF - VELVUGO HIUS HOST.	100	100		, ,
3/16	GLENDARE, CA	© MO ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100	100		
3/17	CLENTATE, CA 9/208	□ SCC □ SCC	KETINES	250	250		
3/16	GLENMANE, CA 9/207	GOM COM OTH PTY SCC	EXECUTIVE ENT. MEXCHANTS ASSOC.	100	100		
3/16	GUENDALE, CA 91207	□#FD □COM □OTH □PTY □SCC	RETIKEN	100	100		
			SUBTOTAL \$	650			

*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 SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from 2/18/07		CALIFORNIA 460	
				through <u>3//</u>	167	Page.	9 of Z/
NAME OF FILER	JOHN DRAMM					1.0.NU	1199Z
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 CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
3/15	GLENDALE, CA 9/807	COM COM DOTH PTY SCC	RETIRED	100	100		
3/1/07	GLENDALE, CA 91008	□COM □COM □OTH □PTY □SCC	RETIRED	100	100	I	
3/2	MONTROSE, CA 9/020	COM COM COTH PTY SCC	RETIKED	100	125		
3/3	GLENDALE, CA 9/208	DAND □COM □OTH □PTY □SCC	RETIKED	100	100		
3/2	CALABASA, CA 9/502	COM COM OTH PTY SCC	RETIKED	100	100		
			SUBTOTAL	600	4		

*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

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

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

SCHEDULE A (CONT.)

CALIFORNIA 460
Page 10 of 21
I.D. NUMBER

NAME OF FILER

TONN //KMYMAN 127/992 **AMOUNT** IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) [MND] SELF-ПСОМ 3/4 200 100 OKTHO DONTUST **□**OTH SUENDALL, CA 9/207 **□**PTY □scc GLENDALE ALLIANCE □IND. PAC **ELCOM** 1,500 1,500 □отн 20-516799Z GLENNAUL ICH 9/206 PTY □scc RODRICK BEARDEN CHILD 2/25 TRANSPORTATION ПСОМ 500 600 Потн WAKNER BROS LA CRESCENTA, CA 9/214 □PTY □scc TRACY MCMAHON LAND SELFT 3/1 Псом □ OTH *Zo*0 100 LA CANADA, CA 9/01/ □ PTY □scc ZINO WILLIAM ISINGER **□СОМ**

RETIRED

⊟отн

□ PTY □scc 100

SUBTOTAL\$ 7,500

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

JENDACE CA 9/208

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

PTY - Political Party

SCC - Small Contributor Committee

100

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 2/18/67	CALIFORNIA 460
through 3/17/07	Page
<u></u>	1.D. NUMBER 1771997

1011116 **AMOUNT** IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR **RECEIVED THIS** OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTERNAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) CHAD ПСОМ 100 **□ОТН** 100 CONTRACTOR LA CRESCENTA, CA GIZIY □ PTY □sce **W**ND TOM MCMARKA □сом □отн 600 200 **□**PTY MONTROSE, CA 91020 ☐ SCC **DINQ** 3/1 □сом HOMEMAKER 100 100 Потн GLENDALE, CA 9/202 □ PTY □scc BERNAXD CHEESMAN **EMND** СОМ 3/1 RETIRES 100 □ OTH 100 □PTY

□scc □#15

СОМ

Потн

□PTY □SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

ROSTYSAU BALAL

GLENTALE CA 91206

PTY - Political Party

SCC - Small Contributor Committee

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

*20*0

7*0*0

700

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

SCHEDULE A (CONT.)

Monetary	netary Contributions Received Amounts may be rounded to whole dollars.			Statement covers period from Z/18/07			ORM 460
NAME OF FILER	JOHN MAKMAN			through 3/1.	1/07	I.D. NU	12 of 21 IMBER 27/992
OATE 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 Y (JAN. 1 - DEC	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
3/5	GLENDALE, CA 9/208	COM COTH PTY SCC	SECF- PARENTY MNGA	100	100		
3/4	GUENDALE, CA 9/202 MAX CONEN	COM COM OTH PTY SCC	REAL ESTATE - CITY-WIDE REALTY	300	300		
3/2	IN CRESCENTA , CA 91214	COM COM OTH PTY SCC	SELF - SUNCAND CHEM CORP	100	100		
3/6	GUNDALLICA 91202	COM COM COTH PTY SCC	RETIRED	100	100		
3/2	BROCKPORT, NY 14420	EMED COM OTH PTY SCC	RETIRED	100	100		
			SUBTOTAL	700			

*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.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers peried

				through	7/07	Page_	/5 of Z/
NAME OF FILER	JOHN DEMINAN				:	1.D. NU	MBER 27/99Z
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/5	GENERIY GINGRICH GENERICE, CA 91208	COM COTH PTY SCC	KEAL ESTATE SELF	100	100		
3/6	SLENDAUE, CA 91206	ETKD COM OTH PTY SCC	MKTING NESTLE'S CORP	100	100		
3/5	LA CRESCENTA, CA 9/214	COM COM OTH PTY SCC	RETIRED	250	260		
3/5	GUNNAL , CA-9/206	GHND COM OTH PTY SCC	KERRES	100	100		
3/5	SCENDARE, CA 9/204	☐ COM ☐ COM ☐ OTH ☐ PTY ☐ SCC	KETIKED	100	100		
			SUBTOTAL\$	650			

*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.)

CALIFORNIA

FORM

Statement covers period

				through 3//	7/07	Page.	14 of 21
NAME OF FILER	JOHN MENSMAN					١.	UMBER 171997
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 CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
2/20	GLENDATE, CA 9/206	COM COTH PTY	SELF - DEAL ESTATE	200	200		
3/7	GLENDARE, CA 9/205	COM COM OTH PTY SCC	LETINES	100	100		
3/7	GUNDAUE , CA 91205	COM COM OTH PTY	V.P. WHEREK BASS.	300	300		
3/7	GLENDALE, CA 91205	COM COM OTH PTY SCC	RETIRED	100	100		
3/7	GUNTALE EMPLOYETS ASSOC.	□IND □COM □OTH □PTY □SCC	P.A.C.	500	500		
			SUBTOTALS	1,200			

*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				through 3/	17/07	Page _	15 of 21
NAME OF FILER	JOHN / RAINAN					I.D. NUI	MBER 7/99 Z
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/7	GLENAME, CA 9/208	CHAD COM OTH PTY SCC	KETIKED	200	200		
2/19	LA CRESCENTA , CA 9/214	COM COM OTH PTY SCC	RETIKED	100	100		
2/19	MARCO ZONNI GUENDAUL, CA 9/208	COM COTH PTY SCC	RETIREO	100	1,400	•	
2/19	GLENNALE, CA 9/208	DIND COM OTH PTY SCC	RETIKED	100	100		
2/22	GUENTALE, CA 9120-8	☐HRID ☐COM ☐OTH ☐PTY ☐SCC	KETIKED	250	250		
		-	SUBTOTAL:	750			

*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.

SCHEDULE A (CONT.)

Monetary	onetary Contributions Received Amounts may be to whole doll			11011)	107		FORNIA 460		
				through <u>3//.</u>	7/07	Page.	16 01 21		
NAME OF FILER	JOHN PRATA	NAN					IMBER 27/992		
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)		
118	CHANATE, CA 9/207	COM COM OTH PTY	GNT. 2014 CENT. FOX	100			100		100
2/18	CHACLE GUSS.	COM COTH PTY SCC	KETIKED	500	500				
3/10	GLENDALE, CA 91214	COM COM OTH PTY	RETIRED	100	zoc	>			
		COM COM DOTH PTY SCC							
3/14	GLENAME, CA 9/208	COM COM OTH PTY SCC	ENGINEEL LA JUP	100	100				
·			SUBTOTAL	800					

*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

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

	e A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole c	be rounded	Statement covers period CALIFORNIA A			
				through 3/	17/05	1	17 01 21
NAME OF FILER	JOHN DRAY	man				1	1199 2
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
3/15	KUMUD B. PARIKH GUENDALE, CA 91208	COM COM PTY SCC	SELF- INVESTOR PARI INVEST.	1,000	1,00	0	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	1,0000			False Co

*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

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

Schedule E
Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 2/19/57 CALIFORNIA 460

through 3/17/57 Page 18 of 2/

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ONN

I.D. NUMBER

127/97

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 CNS campaign consultants MTG meetings and appearances returned contributions 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 FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events staff/spouse travel, lodging, and meals POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor 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 OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
MONTROSE, CA 91020	PAT	PRINTING / GRAPHICS	\$740-
LOS ANGELES , CA 90027 LOS ANGELES JIMES	PAT	PRINTING + DIST.	1,000
GLENDAUL, CA 9/203	AOVI	PRINT ADS	1,904

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

SUBTOTAL\$ 3,644

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <i></i> 2	382
2. Unitemized payments made this period of under \$100	\$	16-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	6
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		
, , , , , , , , , , , , , , , , , , , ,	' ' ' ' ' ' ' '	

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** I.D. NUMBER

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.

print ads

POS

PRT

CMP campaign paraphernalia/misc. campaign consultants CNS CTB contribution (explain nonmonetary)* OFC office expenses

CVC civic donations FIL candidate filing/ballot fees CO fundraising events POL

independent expenditure supporting/opposing others (explain)* legal defense

LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs PHO

phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research TRS transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID	
LA CRESCENTA, CA 91214	UT	MAILINGS	6,300	
os ANGERES, CA GOOZT	PRT	PRINTING + DIST.	1,000	
LENDAUE, CA 9/203	ADVT.	PRINT ADS	1,904	
TONTROSE, CA 91020	PRT.	GRAPHICS / PRINTING	1,480-	
TUNDANE, CA 91208	UT	ASSEMIS.	445	

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE E (CONT.)

Statement covers period

CALIFORNIA **FORM**

Page 20 of 2/

I.D. NUMBER

_	ONN / RAYMA	1/			127/992
COI CAP CAS CTB CVC FIL 20 C	DES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)*		member communications	RAD RFD SAL TEL TRC TRS	describe the payment.
LEG	legal defense campaign literature and mailings	PRO PRT	professional services (legal, accounting) print ads	VOT WEB	voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
GLENDALE, CA 91204	UT ASSEMBLING	290
GLENDALE, CA 91203	PRT PRINT ADVERT	1,904
LOS ANGELES, CA GOOZE	PRT PRINTING + ASSE	Mf. 1,500
MONTROSE, ON 91020	PRT PRINTING / GRAP	4105 1,400
BANGARA FRAZER GLENDALE, CA 91208	GT ASSEMB.	255

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE E (CONT.)

Statement covers period

CALIFORNIA 460 **FORM**

JOHN I	Namyan		1271992
CODES: If one of the following codes accurately described accurately des	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 sportessional services (legal, accou	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions Campaign workers' salaries t.v. or cable airtime and production returned contributions Campaign workers' salaries t.v. or cable airtime and production returned contributions TRC campaign workers' salaries t.v. or cable airtime and production returned contributions TRC campaign workers' salaries t.v. or cable airtime and production returned contributions TRC campaign workers' salaries t.v. or cable airtime and production returned contributions TRC campaign workers' salaries t.v. or cable airtime and production returned contributions	costs duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD; NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Times	MUT	Do get Ade	1.904-

HUVI 1,000 CAMP Literature LIT

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