Recipient Committee				COVER PAGE
Campaign Statement CITY CLER Cover Page (Government Code Sections 84200-8422010 JAN 26 PM		īnk.	Date Stamp	CALIFORNIA 2001/02 FORM
	Statement covers period from 01/01/2009	Date of election if applicable: (Month, Day, Year)		Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2009	04/06/2013		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Small Contributor Committee	nplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure mmittee Controlled Sponsored so Complete Part 6) imarily Formed Candidate/ ficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tr X) Amendment (Explain b To Amend Sch F and	ermination)	erly Statement al Odd-Year Report emental Preelection nent – Attach Form 495
5. Commutee mormation	NUMBER 1318832	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Laura Friedman For City Council 2013 STREET ADDRESS (NO P.O. BOX)	DE AREA CODE/PHONE	NAME OF TREASURER Kinde Durkee MAILING ADDRESS CITY Burbank NAME OF ASSISTANT TREASUR	STATE ZIP CO CA 91502	DDE AREA CODE/PHONE
Burbank CA 91502 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDF	RESS	
Verification I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. By <u>Kinde Durl</u> By <u>Laura Friec</u> Signature of Cor By By	Signature of Dreasurer or Assistant Signature of Dreasurer or Assistant trolling Officeholder, Dridicate, State Measure Pro Signature of Controlling Officeholder, Candidate, S	Treasurer ponent or Responsible Officer of Sponsor late Measure Proponent	es is true and complete. I certify
Uze.		Signature of Controlling Officeholder, Candidate, S		FPPC Form 460 (January/05) Ipline: 866/ASK-FPPC (866/275-3772)

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State of California

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NANE	ÔF :	OFFI	CE	OLDER	OR	CAN	DIDATE	
-								

Laura Friedman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City Of Glendale, District: n/a

RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CITY	STATE	Zip
	Burbank	CA	91502

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.

COMMITTEE NAME			LD. NUMBE	R	
Laura Friedman Fo	r City Council :	2009	1312818		
NAME OF TREASURER	- <u></u>		CONTROLL	ED COMMITTEE?	
Kinde Durkee			X YES	D NO	
COMMITTEE ADDRESS	STREET ADDRESS (N	10 P.O. BO	20)	·	
CITY	STATE	ZIP C	ODE	AREA CODE/PHONE	
Burbank	CA	91502	2		
COMMITTEENAME			LD. NUMBE	R	
NAME OF TREASURER			CONTROLL	ED COMMITTEE?	
			YES		

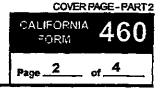
STATE

CITY

ZIP CODE AREA CODE/PHONE

CITY CLERK

2818 FEB -2 PH 2:27



6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Type or print in ink.

BALLOT NO, OR LETTER	•	JURISDICTION	UPPORT
	_		the second s

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

	· · · · · · · · · · · · · · · · · · ·
Office Sought or Held	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	C SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

FPPC Form 460 (January/95) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/276-3772) State of Cellomia

Campaign Disclosure Statement	Type or print in ink. Amounts may be rounded			SUMMARY P			
Summary Page	to whole dolla		PU	State	ment covers period 01/01/2009	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE				through .	06/30/2009	Page of	
NAME OF FILER Laura Friedman For City Council 2013				·		I.D. NUMBER 1318832	
Contributions Received	Column A Total this period (FROMATTACHED SCHEDUI	ES)	Column CALENDARY TOTALTOD	TEAR	Running in Both th	mary for Candidates le State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	00	\$	0.00	General Elections	hrough 6/30 7/1 to Date	
 Loans Received		<u>00</u> 00	s	0.00	20. Contributions	•	
4. Nonmonetary Contributions Schedule C, Line 3	-	00	•	0.00	21 Expenditures	\$	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	s0.	00	\$	0.00	Made \$	\$	
Expenditures Made 6. Payments Made Schedule E, Line 4	\$0.	00	\$	0.00	Expenditure Limit	Summary for State	
7. Loans Made		00		0.00	22. Cumulativ	e Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	• • • • • • • • • • • • • • • • • • • •	00	s	0.00		voluntary Expenditure Limit)	
 Accrued Expenses (Unpaid Bills)		<u>75</u> 00	3	<u>81.75</u> 0.00	Date of Election (mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE			\$3	81.75		\$	
Current Cash Statement							
12. Beginning Cash Balance Previous Summary Page, Line 16	Ψ	00	To calculate Colu				
13. Cash Receipts Column A, Line 3 above		00	 amounts in Column corresponding and 		*Amounts in this section a	nay be different from amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		<u>00</u> 00	from Column B of report. Some am		reported in Column B.	nay be omereric som anibutits	
15. Cash Payments Cotumn A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15		00	Column A may be figures that shoul	e negative			
If this is a termination statement, Line 16 must be zero.	\$ <u></u>		subtracted from period amounts.	previous If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0,	00	the first report be for this calendar carry over the an	year, only			
Cash Equivalents and Outstanding Debts			from Lines 2, 7, a any).				
18. Cash Equivalents	Ψ	<u>00</u> 75	-				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 301.	<u> </u>			FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)	

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

		-				SCHEDULE F
	Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement covers period C from 01/01/2009		FORM 460
	SEE INSTRUCTIONS ON REVERSE			through <u>06/30/</u>	2009 Pa	ge4 of4
	NAME OF FILER Laura Friedman For City Council 2013					Шмвек 18832
£ 77.	CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communicatio MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns: nces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign worl TEL t.v. or cable ali TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' sataries ttime and production c el, lodging, and meals avel, lodging, and mea en committees of the	ais same candidate/sponsor
	NAME AND ADDRESS OF CREDITOR ()F COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	Voter Link Costa Mesa CA 92626	LIT	0.00	381.75	0.0	0 ^381.75
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	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00 \$	381.75	\$ 0.00	\$ 381.75
	Schedule F Summary 1. Total accrued expenses incurred this period. (include all S accrued expenses of \$100 or more, plus total uniternized a	chedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	RRED TOTALS \$	381.75
	2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p	edule F, Column (c) subto payments on accrued exp	tais for payments on enses under \$100.).		PAID TOTALS \$	0
	3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here an			NET \$	381.75
						May be a negative number

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