C	ecipient Committee ampaign Statement over Page	Type or print in		Date Stamp CITY CLERK	CALIFORNIA 2001/02 FORM
	E INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year) 04/07/09	AR 26 PM 4: 5	Page 1 of 22 For Official Use Only
<u>1</u> .	State Candidate Election Committee     Recali     (Aso Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Difficeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	Fermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3.	Committee Information	D. NUMBER 1231806	Treasurer(s) NAME OF TREASURER Jane Quintero MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Glendale, CA 9120 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	7 4	CITY Glendale, NAME OF ASSISTANT TREASU	CA	ZIP CODE AREA CODE/PHONE 91207
•	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADD		ZIP CODE AREA CODE/PHONE
4.	Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on	g this statement and to the best of my kno a that the foregoing is true and correct. By	wiedge the information contained he	erein and in the attached so	chedules is true and complete. 1 certify

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Executed on	3/21/09	By these (Justup	
Executed on	3/21/09	By Tank Winster	
Executed on	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidata, State Measure Proponent EPPC :	Form <b>46</b>
		FPPC Toil-Free Helpine: 866/AS	

FPPC Form 480 (January/05) Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

#### Type or print in lnk.

# Recipient Committee Campaign Statement Cover Page — Part 2



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDAT
----------------------------------

#### FRANK QUINTERO

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

#### **GLENDALE CITY COUNCIL**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

GLENDALE, CA 91207

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		I.D. NUMB	ER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (N		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	<u> </u>	I.D. NUMB	ER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (N		·····
CITY	STATE	ZIP CODE	AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	

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

Attach continuation sheets if necessary

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

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.	ed	Stater from	nent covers period 2/22/09	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRANK QUINTERO FOR CITY COUNCIL			through _	3/21/09	Page <u>3</u> of <u>22</u> I.D. NUMBER 1231806
Contributions Received         1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	$s \frac{23,1660}{945}$	Column CALENDAR TOTALTOC s s s s s 24,70	YEAR	Running in Both th General Elections	mary for Candidates e State Primary and hrough 6/30 7/1 to Date \$\$
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	s <u>25,782,10</u> - <u>-0</u> s <u>25782,10</u> - <u>1513,05</u> <u>- 945,00</u> s <u>25214,05</u>	s <u>35,88</u> s <u>35,88</u> <u></u>	0.48 0.48 5.00 5.48		Summary for State  ve Expenditures Made* Voluntary Expenditure Limit)
Current Cash Statement         12. Beginning Cash Balance         13. Gash Receipts         14. Miscellaneous Increases to Cash         15. Cash Payments         16. ENDING CASH BALANCE         17. LOAN GUARANTEES RECEIVED	23,660.00 	To calculate Colu amounts in Colum corresponding ar from Column B o report. Some am Column A may be figures that shou subtracted from period amounts. the first report be for this calendar carry over the ar	nn A to the mounts f your last counts in a negative ld be previous If this is aling filed year, only	*Amounts in this section n reported in Column B.	\$
Cash Equivalents and Outstanding Debts         18. Cash Equivalents       See Instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above		from Lines 2, 7, a any).		FPPC Toll-Free Helpin	FPPC Form 460 (January/05) 1e: 866/ASK-FPPC (866/275-3772)

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lonetary (	Contributions Received	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cov from2/2	ers period 22/09	CALIFORNIA FORM
EE INSTRUCTION	IS ON REVERSE			through3	/21/09	Page <u>4</u> of <u>2</u>
AME OF FILER	JINTERO FOR CITY COUNCIL					I.D. NUMBER 1231806
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. MUMBER)	CONTRIBUTOR	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 TO DATE
15/09	Fred Dong Montrose, CA 91021	DAIND COM OTH PTY SCC	Accountant state of CA	100	100	100
127/09	Jose Granda Glendale, CA 91204			1000	1000	1000
126/09	Michiyo Ando Torrance, CA 90503		Reflexologist own business	100	100	100
128/09	Scott Solis La Crescenta, CA 91214		Attorney Law Offices of Scott & Solis	1000	1000	1000
126/09	David Meyers La Grescenta, CA 91214		Pharmacy Desoto Pharmacy	500	500	500
			SUBTOTAL	: 2700		
Amount rec (Include all: Amount rec	A Summary eived this period – itemized monetary contributions. Schedule A subtotals.) eived this period – unitemized monetary contributions ary contributions received this period.	of less than \$	\$100\$	_1,186	IND COM OTH PTY-	tributor Codes - Individual - Recipient Committee (other than PTY or SCI - Other (e.g., business e - Political Party - Small Contributor Comm
(Add Lines	1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$_Q			FPPC Form 460 (Janu

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Monetary	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded [	110m	2/09	SCHEDULE A (CONT.) CALIFORNIA FORM 460
NAME OF FILER	INTERO FOR CITY COUNCIL					1.D. NUMBER 1231806
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
3/08/09	Moses Boyad jian Glendale CA 91203		Internet Marketin Cyber Promedia, 5	11 ~~~~A	250	. 250
3/8/09	Emin Adjemian, Glendale, CA		Insurance Agent WFG	150	150	15-0
3/8/09	Avetis Eskanian Glendale (4-91208		Owner Avis Roto Die	300	300	300
3/8/09	Glerdale Co 91202		Sel FEmplayed	300	300	300
3/8/09	Sheila Murray Glendate CA- 91206		Retred	200	200	200
			SUBTOTAL	1200	1200	

\*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 480 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	from	2/09		SCHEDULE A (CONT FORNIA DRM 460
NAME OF FILER FRANK QU	INTERO FOR CITY COUNCIL	<u>u</u>		through3/	21/09	Page_ I.D. NU 12318	
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)16/09	H.J. Astengo, Glendale, CA-91207		Retard	500	500	)	500
3/19/09	Kamran Benji Arch Investments	☐IND ☐COM ØOTH ☐PTY ☐SCC		300	300		300
3/19/09	California Paper Bag Glendate, (A. 91201	☐IND ☐COM ⊠OTH ☐PTY ☐SCC		1000	1000	>	1000
3/19/09	George Sevilla Alta Loma, CA 91701	IZIND COM OTH □PTY □SCC	Lender America Unital Back	100	100		100
3/19/09	Leonor Gaving-Valls Glendale (A 91207	VIND COM OTH PTY SCC	VP Marketing F Gennas Sons	150	150		150
			SUBTOTAL \$	2050			

\*Contributor Codes IND - Individual COM -- Individual COM -- Recipient Committee (other than PTY or SCC) OTH -- Other (e.g., business entity) PTY -- Political Party SCC -- Small Contributor Committee

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received				Statement covers period from2/22/09		CALIFORNIA FORM 460	
NAME OF FILER	INTERO FOR CITY COUNCIL	<u> </u>		through <u>3/</u>		Page 7 of <u>22</u> I.D. NUMBER 1231806	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
3/19/09	Hector Carrion Upland, CA 91784		Retired	500	500	500	
3/19/09	Astral Pharmacy LA CA 90028			500	500	500	
3/19/09	Avanti Trattoria, Inc DBA DIVINA CUCINA Montrose, Ica 91020			300	300	300	
3/19/09	Massage Envy Glendale Glendale, CA	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100	100	100	
3/19/09	R. Martin & Associates Gherolate (7 91203	☐IND ☐COM YZOTH ☐PTY ☐SCC	······································	1000	1000	100 C	
			SUBTOTAL	\$ 2400			

\*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

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

	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded [	from	2/09	CALIFORNIA FORM 460	
NAME OF FILER	INTERO FOR CITY COUNCIL			through <u>3/</u>	21/09	Page I.D. NUMBEI 1231806	
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-BAPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
319/09	El Mambi Meat Market Glendale CA 91205			500	500		500
3)19/09	Los Angeles, CA 90071			500	500		500
3/19/09	Glendale, CA 91208			500	500		500
3)19/09	Zinnah Chowdhury Deshi Food Inc Los Anneles CA 90020			500	500	<pre></pre>	500
3/19/09	Ronald Nakawatase La Canada, CA 91011		CPA Own	500	500		50 0
			SUBTOTAL	\$ 2500			

\*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

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)

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	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole c	be rounded	170m	ers period 2/09 21/09	CALIFORNIA FORM 460	
NAME OF FILER FRANK QU	INTERO FOR CITY COUNCIL			through		Page I.D. NUM 12318(	IBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.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 YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/19/09	Nasima Faruk Ar cadia CA 91007		Consultant	500	500		500
3/19/09	Pacific Palisades, CA 90272		owner sweet oven Inc	500	500	,	500
3/19/09	Zakia, Meraj Los Angeles (A 9004		Senior Analyst CocaCola Enterprise	RS	125	-	125
3/19/09	Shawbeth Inc. Ghendale CA 91204	☐IND ☐COM QOTH ☐PTY ☐SCC		1000	1000	1	1000
3/19/09	Paeific Town Center, Glendale, CA 91204			1000	1000	;	1000
			SUBTOTAL	3125			

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\*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

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

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Monetary	Contributions Received	Type or prin Amounts may I to whole d	pe rounded [	Statement coverse statement co	ers period 2/09	CALIFORNIA FORM 46
NAME OF FILER	INTERO FOR CITY COUNCIL			through3/:		Page 10 of 22 I.D. NUMBER 1231806
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, 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 TODATE
sliglog	Finckey Sports Car Inc Glendale, CA 9204	☐IND ☐COM ØOTH ☐PTY ☐SCC		(000	1000	1000
3)19/09	ESG Pharmacy Glendale CA 91205			300	300	300
3/19/09	EMC Group Inc. Los Angeles CA 90026	□IND □COM MOTH □PTY □SCC		100	100	100
3/19/09	Malekian & ASSOC	IND COM OTH PTY SCC	•	250	250	250
3/19/09	Qus Gomez La Canada Flintridge, (A	DIND ☐COM ☐OTH ☐PTY ☐SCC		100	100	100
			SUBTOTAL	1750		

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

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	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole (	be rounded	1rom	ers period 2/09 21/09	CALIFORNIA FORM 460	
NAME OF FILER						I.D. NUI 12318	
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)
3/19/09	Laurie Collins Ghendale CA 91207			150	150	7	150
3/19/09	Ankin Krikonen Glendele CA 91206			250	250		250
3/19/09	Dario Frommer Giendale (A 91207	COM COM OTH PTY SCC	Attorney	250	250	2	250
3/19/09	Manuel Remon Glendate (A 91206		Banker America sVnitedk	2.50	250		250
3/19/09	Arthur Devine. Guendale (A 91207		Ketired	300	300		300
			SUBTOTAL	\$ 1200			

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\*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)

Monetary	Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		ers period 2/09 21/09	SCHEDULEA (CON CALIFORNIA FORM 460 Page /2 of 22 I.D. NUMBER 1231806	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND 2IP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/19/09	Delma Kirch Glandale (A 91202		Finence Western Asset	250	250		250
3/19/09	Wondy Pagmone Glenolate (A 91208		Real Estate Pagnone Realty	100	100		100
3/19/09	HILArio Navarro La Canada, CA 91011		Przsident Bonanza Foods	1000	100	υ	1000
3/19/09	Stephan Moradians Montrose (A 91020		Dentist owner	200	200	•	200
3)19/09	Vista Investments Los Angeles, (A 9'0045			1000	1000		100 0
			SUBTOTAL	2550			

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

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or prin Amounts may to whole c	be rounded	from	ers period 2/09 21/09	SCHEDULEA (COL CALIFORNIA FORM 460 Page 13 of 27 I.D. NUMBER 1231806
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-BARCOTED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC	EAR TO DATE
3/14/09	Gary R. Cornell Glendale (A 9,208		Retired	200	200	200
3)8/09	Elmira Ananikyan Glendake, CA 91206		Teacher LA USD	250	250	250
3/8/09	Lusine Ishtoyan Glendale (A 91202	XIND □COM □OTH □PTY □SCC	Pharmacist ISG Pharmacy	200	200	20 0
3/8/09	Jack Iskanian Glendale, (A 9/202	DIND COM JOTH PTY SCC	President Ishtoyan Socer Academy	500	500	500
3/8/09	Christinia Kegeyen Sun Valley, CA 91352		Consultant Political Fundraisor	250	250	250
			SUBTOTAL \$	1400		

\*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 -----

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	Statement cov from $2/22$ through $3/2$	2/08	SCHEDULE A (CON CALIFORNIA FORM 460 Page 4 of 22	
Frank	L Quintero for City Ca	unci)				12	31806
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/19/09	Diverse Strategies For Organizing, 14 Los Angeles CA 90041			250	-250	<b>)</b>	250
3/19/09	Irshad Vil Haque		owner Stor It ALL	149	149		149
3/21/09	Noubar's Pharmacy Noubar Gevorkian Los Angeles (A 90027		Pharmacist Nouber's El'ADOBE	200	200		200
3/19/09	Gorgee Enterprises, Inc Pasadena, CA 91106		· · · · · · · · · · · · · · · ·	1000	100	0	1000
	·						
			SUBTOTAL	1599			

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

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Schedul Nonmon	e C letary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars. from 2/22/09 3/21/09		CALIFORNIA FORM 46(				
	IONS ON REVERSE				thr	ough3/21/0	)9	Page_	5 of 22
FRANK C	RUINTERO FOR CITY COUNCIL							1.D. NUME	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	te Nr year	PER ELECTION TO DATE (IF REQUIRED)
3/19/09	Porto's Bakery Glendale, (A	□IND □COM IXOTH □PTY □SCC		Desserts Beverage Wine	<del>؟</del> ۲۰۶	\$945.	*94	5.	\$945,
-		DIND COM DOTH PTY SCC							
		DIND COM OTH PTY SCC	· · ·	• • • • • • • • • • • • • • • • • • • •					
		DIND COM DOTH DTY SCC							
Attach add	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL	\$			
1. Amount i (Include:	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmonet					945 - <del>0</del> -		(other th	nt Committee nan PTY or SCC) a.g., business entity)

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

	chedule E ayments Made	Type or print in ink. Statement covers per Amounts may be rounded to whole dollars. from 2/22/09			•	CALIFORNIA FORM			
	INSTRUCTIONS ON REVERSE				through	3/21/09	Page 16	of <u>22</u>	
NAI	HE OF FILER FRANK QUINTERO FOR CITY COUNCIL	·					I.D. NUMBER 1231806		
	<ul> <li>Campaign consultants</li> <li>contribution (explain nonmonetary)*</li> <li>civic donations</li> <li>candidate filing/ballot fees</li> <li>fundraising events</li> <li>independent expenditure supporting/opposing others (explain)*</li> </ul>	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications nd appearanc nses slating s survey resea livery and me	95	RAD radio RFD return SAL cam TEL t.v. o TRC cano TRS staff TSF trans VOT vote	ibe the payment. be airtime and production med contributions palgn workers' salaries or cable airtime and prod lidate travel, lodging, an /spouse travel, lodging, sfer between committee r registration mation technology costs	duction costs ind meals and meals is of the same ca	*	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTERID, NUMBER)		CODE	OR D	ESCRIPTION OF F	AYMENT	,		
	lan Nuys, CA 91405		LIT					800.00	
U	SPC	· · · ·	POS		·····	•••••	·	2500.00	

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

**Copies Unlimited** 

LOS ANGELES, CA 90027

Schedule E Summary	
1. Itemized payments made this period. (Include all Schedule E subtotals.)	.s. <u>25,662.</u> 10
2. Unitemized payments made this period of under \$100	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

LIT

INV#191145

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

SUBTOTAL\$

286.32

3586.32

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRANK QUINTERO FOR CITY COUNCIL	Type or print in ink. Amounts may be rounded to whole dollars.			Statem from through	ent covers period 2/22/09 3/21/09	CALIFO FOR Page	M 400 7_of_22 ER
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 Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and maillings	MBR member.com MTG meetings and OFC office expen Petition circu PHO phone banks POL polling and s POS postage, deil	munications d appearance ises lating iservey resear ivery and me	S	RAD radk RFD return SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote	cribe the payment. o airtime and production med contributions paign workers' salaries or cable airtime and pro didate travel, lodging, ar /spouse travel, lodging, sfer between committee r registration mation technology cost	a costs duction costs ad meals and meals as of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF I	PAYMENT		AMOUNT PAID
COPIES UNLIMITED LOS ANGELES, CA 90027		LIT	INV#19159 1500 1710.51				3210.51
OFFICE DEPOT GLENDALE, CA 91204	•	OFC	97.98 3/2/09 155.87 3/4/09	··			253.85
STAPLES GLENDALE, CA 91203		OFC		-			97.08
Montrose, CA 910213		CNS	1500 1000				2500.00
GLENDALE FOCUS GLENDALE, CA 91203		PRT		<u>₩</u>			720.00
* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.	<u> </u>	· ••••••	SI	JBTOTAL \$	5070.93

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

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Schedule E       Type or print Amounts may to whole of the whole of t	be rounded	Statement covers period from2/22/09 through3/21/09	SCH CALIFORM FORM Page 18 I.D. NUMBER 1231806	400
CODES: If one of the following codes accurately describes the payment,         CMP campaign paraphemalia/misc.       MBR member comments         CNS campaign consultants       MTG meetings a         CTB contribution (explain nonmonetary)*       OFC office experiments         CVC civic donations       PET petition circle         FiL candidate filing/bailot fees       PHO phone bank         FND fundraising events       POL polling and         ND independent expenditure supporting/opposing others (explain)*       POS postage, dir	nmunications nd appearances nses ulating	herwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	n costs duction costs nd meals and meals es of the same of	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
COLBY POSTER PRINTING LOS ANGELES, CA 90015	SIGNS Chow Cond	Suries 1513.05		1513.05
JOYCE SOKOLOFF GLENDALE, CA 91208	LIT REIMBURSE I PRINTING 599	POSTAGE 2123.11 9.42		2722.53
JOYCE SOKOLOFF GLENDALE, CA 91208	LIT PRINTING 804	POSTAGE 1158.69 4.31		1963.00
JOYCE SOKOLOFF GLENDALE, CA 91208	LIT PRINTING 474	POSTAGE 1353.86 1.14		1828.00
SHARIF RAHMAN Van Nuys, CA 91405	LIT			1500.00
* Payments that are contributions or independent expenditures must also be summarized o	Schedule D.	SI	UBTOTAL \$	9526.58

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Iuation Sheet)     Amounts may be rounded to whole dollars.       nts Made     to whole dollars.			Staten from through	ent covers period 2/22/09 3/21/09	SI CALIFO FOR Page /	M 400 9_ of <u>22</u>
FRANK QUINTERO FOR CITY COUNCIL CODES: If one of the following codes accurately describe OMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member.com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, dell	munications i appearance ses lating survey researd very and mes	8	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	scribe the payment o airtime and productio med contributions upaign workers' salarle: or cable airtime and pro didate travel, lodging, a f/spouse travel, lodging, sfer between committe or registration mation technology cos	1231806 n costs oduction costs nd meals , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF	PAYMENT		AMOUNT PAID
JANE QUINTERO GLENDALE,CA 91207			REIMBURSE EX HOUSE COSTCO - 197.9		OR CAMPAIGN OF S 5.61	PEN	203.51
FRY'S ELECTRON	· · ·	рно				··· ·	52.99
Copies Unlimited LOS ANGELES, CA 90027		LIT					4000.00
CHASE CARD SERVICES PALATINE, IL 60094-4014	· · · · · · · · · · · · · · · · · · ·	рно	ATT BUS PHON		00 71		2671.00
CHASE CARD SERVICES PALATINE, IL 60094-4014	- <del></del>		OFFICE OPENIN VIRGILS-12.93; SMART & FINAL		ST FR THE EST-69	.55	155.70
* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.	<u> </u>		S	UBTOTAL \$	7083.20

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(Continuation Sheet) Amounts m	print in ink. Ny be rounded e dollars.	Statement covers period from 2/22/09 CALIFO from 3/21/09 Page 2 LD. NUME 123180	20 of 22- ER
CNS     campaign consultants     MTG     meetings       CTB     contribution (explain nonmonetary)*     OFC     office explain       CVC     civic donations     PET     petition (explain nonmonetary)*       FiL     candidate filing/bailot fees     PHO     phone b       FND     fundralsing events     POL     polling a       ND     independent expenditure supporting/opposing others (explain)*     POS     postage,	communications and appearance penses inculating anks nd survey resea delivery and me nal services (leg	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals trach TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sal	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CHASE CARD SERVICES PALATINE,IL 60094-4014		GAS EXP 2000-C-STORE CHEVRON	56.46
CHASE CARD SERVICES PALATINE, IL 60094-4014	• • •	CAMPAIGN WORKER FOOD -EAT WELL	88.36
CHASE CARD SERVICES PALATINE, IL 60094-4014	POS	RALPHS - STAMPS	84.00
CHASE CARD SERVICES PALATINE, IL 60094-4014	LIT	FED-EX	15.41
CHASE CARD SERVICES PALATINE, IL 60094-4014	WEB	CONSTANT CONTACT	30.00
* Payments that are contributions or independent expenditures must also be summarized	i on Schedule D.	SUBTOTAL	274.23

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(Continuation Sheet) Amounts may	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from			SCHEDULE E (CONT.) CALIFORNIA FORM 460 Page 2/ of 22 I.D. NUMBER 1231806	
CTB       contribution (explain nonmonetary)*       OFC       office explain contribution (explain nonmonetary)*         CVC       civic donations       PET       petition cir         FiL       candidate filing/ballot fees       PHO       phone bar         FND       fundraising events       POL       polling an         ND       independent expenditure supporting/opposing others (explain)*       POS       postage, or	mmunications and appearances enses culating	l senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contrib campaign worke t.v. or cable airti candidate travel staff/spouse travel	d production of utions ans' selaries me and produ , lodging, and vel, lodging, and n committees n	uction costs meals and meals of the sam	e candidate/sponsor mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF			N OF PAYMENT			AMOUNT PAID	
Chase Card Services Palatine, rel 60094-4014	OFC	Smart & Vuquis Staplis	Ionel	- 60,55 14,06 46,23	-		120.84	
· · · · · · · · · · · · · · · · · · ·		·····	<u> </u>	·			· ·	
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.				SUI	BTOTAL \$	120.84	

Schedule F	Type or print in ink.		SCHEDULE					
Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.		Statement cover from2/22		CALIFORNIA FORM 460			
SEE INSTRUCTIONS ON REVERSE				21/09 Page	Page 22 of 22			
NAME OF FILER			I	I.D. NU	MBER			
FRANK QUINTERO FOR CITY COUNCIL		•		1231	806			
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may 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 a RFD returned contri SAL campaign word TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production cos al, lodging, and meals avel, lodging, and meals an committees of the sa	ame candidate/sponsor			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) 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			
Colby Poster printing Co	Signs	1513.05	0.00	1513.05	0.00			
			· · · ·	· · · ·	·			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 1513.05	\$ 0 <sup>1</sup>	1513.05	\$0			
Schedule F Summary								
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under 3	btotals for \$100.)	INCU	RRED TOTALS \$ _	0.00			
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	tals for payments or enses under \$100.)		PAID TOTALS \$ _	1513.05			
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	d						

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