Recipient Committee CITY (Campaign Statement Cover Page 2009 JUL 31 (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 2001.02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $3/32/09$ through $6/30/69$	Date of election if applicable: (Month, Day, Year)		Page 1 of 2/ For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee O	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored <i>iso Complete Part 6</i> ; rimarily Formed Candidate/ fficeholder Committee <i>iso Complete Part 7</i> ;	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Frank Quintero for City Council STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO GLENDALE, CA 91207 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	Treasurer(s) NAME OF TREASURER Jane Quintero MAILING ADDRESS CITY Glendale, NAME OF ASSISTANT TREASUR MAILING ADDRESS		ZIP CODE AREA CODE/PHONE 91207
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE AREA CODE/PHONE

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	By Jan Question	-
Executed on	By Signakure of Controlling Official Older, Candidate, State Measure Proponent or Responsible Officer of Sponsor	-
Executed on	By	_
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	

xnex FPPC Form 460 (January/05) FPPC Toll-Free Heipline: 886/ASK-FPPC (866/275-3772) State of California ÷.

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

	OFFICEHOL		

FRANK QUINTERO FOR CITY COUNCIL

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	<u> </u>	I.D. NUMI	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
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	URISDICTION	

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	SUPPORT OPPOSE
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

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.	ıđ	Statem	sent covers period $3/22/09$	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRANK QUINTERO FOR CITY COUNCIL			through _	6/30/09	Page <u>3</u> of <u>21</u> LD. 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	$\begin{array}{c} \begin{array}{c} \text{Column A} \\ \text{TOTAL THIS PERIOD} \\ (FROMATTACHED SCHEDULES) \end{array} \\ \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \\ \end{array} \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} $	Column Calendar Total Tob s 45,73 0 s 45,73 945 s 46,67		Running in Both th General Elections	amary for Candidates be 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>67,607.25</u> <u>-0</u> s <u>67,607.25</u> <u>-0</u> s <u>67,607.25</u>	s <u>103,4</u> s <u>103,4</u> s <u>103,4</u> <u>945</u> s <u>10443</u>		Candidates 22. Cumulativ	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 15 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents	~	To calculate Colu- amounts in Colum corresponding at 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 at from Lines 2, 7, a any).	nn A to the mounts of your last nounts in e negative id be previous If this is aing filed year, only mounts	"Amounts in this section i reported in Column B.	\$may be different from amounts
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above				FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ine: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received	Amount	or print in ink. s may be rounded whole dollars.	Statement covers period from $3/22/09$		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through <u>6/30</u>	09	Page .	
FRANK QUINTERO FOR CITY COUNCIL					1.D. NU 12318	1
RECEIVED IN act Touching Too	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)
\$106/09 Shara Hartoonian		Trucking Sorvices Mack Trucking Inc	1000	1000		1000
3/27/09 LALCV			250	250	,	250
3/30/09 Haig Papaian Manhatten Bch, CA 90267		Director/VP Commerce Cesino	1000	1000		1000
3/30/09 Vella M Garcia Manhatten Bch, (A 90266		Nousewife	500	500	2	500
3/30/09 David L.Ho Los Angeles CA 91204		Investor	1000	1000		1000
	•	SUBTOTAL	3750			
 Schedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) Armount received this period – unitemized monetary contributions Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Colur 	of less than \$	\$100\$	1,525 447 21,972	IND COM OTH PTY	(other I - Other - Politica : Small (al ant Committee than PTY or SCC) (e.g., busineas entity)

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

Schedule A (Continuation Sheet)		Type or print in Ink.		SCHEDULE A (CON				
Monetary Contributions Received		Amounts may to whois d		Statement covers period from 3/22/09		FORM 460		
AME OF FILER				through <u>6/3</u>				
FRANK QL	JINTERO FOR CITY COUNCIL				1	1231806		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-DAPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R TODATE		
27/09	DEA Coating & Restoration Fullerton, (A 92831			1000	1000	1000		
27/09	Alen Builders, Inc Glandale, CA 91221			1000	1000	1000		
27/09	Barker Management Inc. Andheim, CA- 92815			1000	1000	1000		
27/09	Doug J. Kowalski Sylmar, CA 91342	DCOM COM OTH PTY SCC	Supplier Valley Netal Supply	1000	1000	1000		
27/09	Alen Aydınıan Grendale (A 91221	DIND COM OTH PTY SCC	Attorney Self Employed	1000	1000	1000		
			SUBTOTAL	\$ 5000				

.

*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 Toli-Free Helpline: 866/ASK-FPPC (866/275-3772) · ____

	nedule A (Continuation Sheet) netary Contributions Received				Statement cov from 3/22 through 6/30	109	CALIFORNIA FORM 460		
NAME OF FILER	INTERO FOR CITY COUNCIL	<u> </u>	·			1.D. NUI 12318	1		
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 27 09	Kini W. Sellars Glendale (A 91208-2014		Rethred	100	100		100		
3/27/09	AA Electric & Plumbing Inc No Hollywood, (A 91605			500	500	N	500		
3/27/09	The Law office of Gideon Kracov			250	250		250		
3/27/09	Adnan Ayoub Glendale, (A		Owith CLEVION Station	500	500		500		
3/24/09	Catherine Montoro Glenclate (A 91202		teacher GUSD	100	100		100		
		****	SUBTOTAL	\$ 1450	1.10				

.

.

*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

.

,

	edule A (Continuation Sheet) netary Contributions Received		A (Continuation Sheet) Type or print in ink. Contributions Received Amounts may be rounded to whole dollars.		Statement cov from $3/22/$ through $6/30$	09	SCHEDULE A (CON CALIFORNIA FORM 460 Page 7 of 21	
	INTERO FOR CITY COUNCIL					1.D. NUME		
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
3/27/09	Sharon Weisman Glendlale (A 91214		<i>ketired</i>	250	250	•	250	
3/30/09	Als Diesel Powler, Ins			70 00	1000	,	1000	
16/09	Laborers' Local 300 Los Angeles, (A 90020			1080	юос	7	1000	
1/1/09	Roger Frommer Glendale, (A 91201		Attorney Self	225	225	-	225	
1/1/09	Wende Lam Palos Verdes Estates (7 90274		RealEstate Agent ReMax	1000	1000	,	1000	
			SUBTOTAL	\$ 2475				

٠

*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

۰.

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

•

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement cov	•	SCHEDULE A (CONT.) CALIFORNIA FORM 460	
NAME OF FILER				through 6/30/	109	Page _	8_of_2/
FRANK QU	INTERO FOR CITY COUNCIL					12318	06
DATE	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 SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4/15/09	J. Blake Montrose CA 91026-		Retried	1000	1000	2	1000
4/15/09	Christine M Rlake Glendale (A 91214		Television Production	600	1000	,	100 0
4/15/09	David Stevenson rasadena (A 91105		Professer CALT	1000	1000	*	100 0
1/15/09	Kishwar Jahan Los Angeles, (A 90026-4711		Business BN Jewe Iny	400	400		400
4)15/09	Nila Rahman Mission Hills, (A 91345		Self Employed	300	300		300
			SUBTOTAL	\$ 3700	in strip		

*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

. .

NAME OF FILER		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from $03/22/09$ through $6/30/09$		SCHEDULE A (CONT.) CALIFORNIA FORM 460 Page 9 of 2/ I.D. NUMBER
DATE	JINTERO FOR CITY COUNCIL FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.0, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YI	
RECEIVED	(P CONNETTE, ALSO ENTER; D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC.	
4/1/09	Kradjian Importing lo Glendale (A 91204			1000	1000	2 1000
4/1/09	Los Angeles, CA 90039-1509			500	500	500
4/2/09	Sima Shidfar Glendale (A 91202		Engineer. Sima Shidfar	250	250	250
4/2/09	N.T. Shoraka P.E. Los Angeles, CA 90024		Engineer MT ShorakaInc	250	250	5 250
4/6/09	Henry Lozano Los Angeles (A 90065		Retired	160	100	100
			SUBTOTAL	\$ 2100		

*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	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded	Statement cover from $3/22/$ through $6/30$	CALIFORNIA <u>09</u> FORM		DRM 400
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 1 (JAN, 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4/15/09	Maria ALI Los Angeles, (A 90016		RN Vitas	300	300		300
4/15/09	Shela Rahman Mission Hills, (A 91345		Manager Apt Buildings	500	500	, <u>.</u>	500
4/15/09	Leonila Viloria - Aquino LA, CA 90042		ACCOUNTANT Cushman & Wakefielg	700	700		700
4/15/09	A buwaser Chandhury LA, CA 90004		Business owner Deshi Food	300	300		300
4//15/0%	Rini Hasan Choudhury Duarte, CA 91010		nlanager BN Jewelry	250	250		250
			SUBTOTAL	2050			

*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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Type or print Amounts may b to whole do	e rounded	Statement cover from $3/22/6$ through $4/30$	<u>09</u>	CALIFORNIA FORM 460	
NAME OF FILER	JINTERO FOR CITY COUNCIL					ld. Nuw 123180	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1-D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/24/09	Adam Schiff for Congress Pasadena, (A 91105 A support Oppose	Monetary Contribution	FECID# C0034387	1 250	25	50	250
5/18/09	Arcadia, CA 91077 Support Oppose	Monetary Contribution		75	7.	5	75
	Unified Young Armenian Glendale CA 91209 Support Oppose	Monetary Contribution		100	10	0	100
		10.00 - 10	SUBTOTAL	: 425			
Schedule	D Summary						

•

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	<u>s_350</u>
2. Unitemized contributions and independent expenditures made this period of under \$100	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ 425

	Type or print in ink. Jounts may be rounded to whole dollars.	from <u>3/22/09</u> through <u>6/30/09</u> F	ALIFORNIA FORM 460
CODES: If one of the following codes accurately describes the p CMP campaign paraphernalia/misc. MBR CNS campaign paraphernalia/misc. MBR CNS campaign consultants MTG CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL. candidate filing/ballot fees PHO FND fundraising events POL ND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO LIT campaign literature and mailings PRT	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	e code. Otherwise, describe the payment. RAD radio airtime and production cos RFD returned contributions SAL campaign workers' sataries TEL t.v. or cable airtime and producti TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and TSF transfer between committees of	on costs nais meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joyce Sokoloff Gleudale, (A 71208 - 1868	LIT		12,017
Jose Leonardo Giendale CAT 91208	CNS		500
Pearl Productions Montrose, CA	TEL		800
* Payments that are contributions or independent expenditures must al	so be summarized on Schedu	lie D. SUBT	OTAL\$ 13,317
 Schedule E Summary Itemized payments made this period. (Include all Schedule E subt Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here) 	dule B, Part 1, Column (e).).		\$

• •

.

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

1

(Continuation Sheet) Amounts m	print in ink. Nay be rounded Ne dollars.		Statement covers period from $\frac{3}{22}09$ through $\frac{6}{30}09$	CALIFORI FORM Page 3	400 <u>or_2/</u>
CNS campaign consultants MTG meeting CTB contribution (explain nonmonetary)* OFC office a CVC civic donations PET petition FIL candidate filing/ballot fees PHO phone t FND fundraising events POL polling ND independent expenditure supporting/opposing others (explain)* POS postage	r communications is and appearance expenses circulating banks and survey researd s, delivery and metional services (leg.	s th seenger services	RAD radio aintime and produc RAD radio aintime and produc RFD returned contributions SAL campaign workers' sala TEL t.v. or cable aintime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	ction costs production costs g, and meals jing, and meals littees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
AMGA Glendale, (A 91201	TEL	CL 280			2000
Unified Young Armeniaris Glendele, (A 91209		Donatio	n		100
Copies Unlimited	LIT				5,000
Sharif Rahman Van Nuys CA 91405	LIT				4,700
AABC Los Angeles, (A	TEL			•	400
* Payments that are contributions or independent expenditures must also be summarize	id on Schedule D,	L		SUBTOTAL \$	22,200

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from $3/22/09$	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRANK QUINTERO FOR CITY COUNCIL		through <u>630/09</u>	Page <u>// of _2/</u> I.D. NUMBER 1231806
CODES: If one of the following codes accurately describes the CMP campaign paraphemalia/misc. MBI CNS campaign consultants MTI CTB contribution (explain nonmonetary)* OFC CVC civic donations FEI FIL candidate filing/ballot fees FHK FND fundralsing events POI Independent expenditure supporting/opposing others (explain)* POX LIT campaign literature and mailings PRI	R member communications G meetings and appearances C office expenses petition circulating D phone banks L polling and survey research S postage, delivery and messeng D professional services (legal, ac	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a transfer between committees	uction costs meals ind meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Granada Hills, CA 91344	cus		500
Cristina Reyes Glendale CA 91203	SAL		209
Denise Sandoral Anaheim, CA 92806	SAL		97
Zoraida Torres Reseda, (A 91335	SAL		194
Jason Canipbell LA CA 90039	SAL		433
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	SUI	BTOTALS 1422

.

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

1-1-1

Schedule E (Continuation Sheet) A Payments Made	Type or print in ink. Mounts may be rounded to whole dollars.	Statement covers period from $3/22/09$ through $6/30/09$	SCHEDULE E (CONT.) CALIFORNIA FORM 460 Page 15 of 21 I.D. NUMBER 1231806
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. MBF CNS campaign consultants MTC CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHC FND fundraising events POL Independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRC LIT campaign literature and mailings PRC	R member communications 5 meetings and appearances 5 office expenses 9 petition circulating 9 phone banks 1 polling and survey research 5 postage, delivery and messenger services 9 professional services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	duction costs duction costs d meals and meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NJMBER)	CODE OR [DESCRIPTION OF PAYMENT	AMOUNT PAID
Ingle wood (A 90302	SAL		1210
Nataly Sanchez Pasadeng (7 91106	SAL		291
Edward Tufenkjian Burbank, CA 91504	SAL		224
Jazmin Garcia LA CA 90063	SAL		1404
Jessica Yas Les Angeles (A 90032	SAL		1411
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	SI	UBTOTAL \$ 4540

.

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

-

(Continuation Sheet) Amounts	r print in ink. may be rounded ole dollars.	Statement covers period from $\frac{3}{22}/09$ through $\frac{6}{30}/09$	SCHEDULE E (CONT.) CALIFORNIA FORM 460 Page 16 of 21 I.D. NUMBER 1231806
CNS campaign consultants MTG meetin CTB contribution (explain nonmonetary)* OFC office CVC civic donations PET petition FL candidate filing/ballot fees PHO phone FND fundraising events POL polling ND independent expenditure supporting/opposing others (explain)* POS postage	ar communications rgs and appearances expenses n circulating banks and survey research re, delivery and messenger as sional services (legal, account	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TRS transfer between committees	uction costs i meals and meals i of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Reginaldo Sanchez Indio CA 92202	SAL		1358
Denise Lopez Riverside (A 92507	SAL		1314
Sebastian Sanchez Sherman Oaks (A 91423	SAL		1067
A Kilah Warren San Pedro (A 90731	SAL		1252
Kerop Martinosyon Pasadena, CA 91104	SAL	····	209
* Payments that are contributions or independent expenditures must also be summaria	red on Schedule D.	SU	BTOTALS 5200

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from $\frac{3}{22}$ 09	CALIFO	am 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through <u>67.307.07</u>	- Page	<u>/7of2/_</u> 3ER
FRANK QUINTERO FOR CITY COUNCIL					123180	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/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 LT campaign literature and mailings	MBR member.com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and i POS postage, del	imunications d appearance: ises: lating s survey researc ivery and mea	i	Ditherwise, describe the paymer RAD radio altime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology committee	ion costs es roduction cost and meals g, and meals lees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTION OF PAYMENT		AMOUNT PAID
Juan C. Sanchez Pasadena, CA 91106		CNS	· · ·		٣	3000
Gloria Alvarado Resea, CA 91335		SAL				224
Political Tel Systems Montebello, CA 90640	• <u>•</u> •• <u>•</u> ••••		Robo (Calls		250
Glendale, CA 91204		SAL			<u></u>	250
Ray Trim Montrose, CA 91021		CNS	1560 2000			3500
* Payments that are contributions or independent expenditures mus	t also be summarized on	Schedule D.	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	\$ 7,224

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

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			from/02_0_/		CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRANK QUINTERO FOR CITY COUNCIL				through 41.30/09	Page		
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/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 com MTG meetings and OFC office expen- PET petition circuit PHO phone banks POL polling and s POS postage, deli	munications I appearances ses ating Urvey researc very and mes	5	rwise, describe the paymen RAD radio airtime and productio RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TFC candidate travel, lodging, a TRS staff/spouse travel, lodging, TSF transfer between committe VOT voter registration WEB information technology com	it. on costs roduction costs and meals g, and meals sees of the sam	s ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R Des	CRIPTION OF PAYMENT		AMOUNT PAID	
Chase (and Services Palatine, 12 60094-4014		OFC	staples	366.41		366.YI	
Chase Card Services Palatine, TL 60094-4014			CLENTON Expenses			251.12	
(hase Card Services Palatine, I) 60094-4014	· · · · · · · · · · · · · · · · · · ·	PRT	Time War LA TIM			6033,85	
Chase (and Services Palatine, IL 60094 - 4004		OFC	Campaign	Food & Water	~	1162.90	
Chase Card Services Palatine, II 60094-4014		Pho	ATET Pho	nes		124.37	
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.			SUBTOTAL	7938.65	

.

(Continuation Sheet) Amou	Type or print in ink. Amounts may be rounded to whole dollars.		talement covers period 3/22/09 ugh_6/90/09	SCHEDUL CALIFORNIA FORM Page <u>19</u> of 1.D. NUMBER 1231806	460 <u>- 2/</u>
CNS campaign consultants MTG m CTB contribution (explain nonmonetary)" OFC off CVC clvic donations PET pe FL candidate filing/ballot fees PHO ph FND independent expenditure supporting/opposing others (explain)" POS po LEG legal defense PFO pr	yment, you may ent ember communications eetings and appearances fice expenses sition circulating none banks sliing and survey research stage, delivery and mes ofessional services (lega int ads	RAD RFD SAL TEL TRC h TRS senger services TSF	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration	n costs s iduction: costs nd meats , and meats es of the same candic	late/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTIO	ON OF PAYMENT	UOMA	INT PAID
Montrose, (A 91020	FND	t to said a source of the	, , , , , , , , , , , , , , , , , , ,	52	22.62
Times Community News Chicago, IL 60611-4041	PRT			33.9	50.
Matt Warnock Sy Interactive Inc	WEB			54	20
LALCV Drcedia, CA 91017-2173	CTB				75
Chose (and Services Palatine, IL 60094-4014		(0 nference 110tcl 95.09 Food 79.72 Gas 66.82		2(08.43
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL S					56.05

¥

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.			Statement covers period from $3/22/09$ through $6/30/09$	CALIFO FOR	61 400 20 of <u>2/</u> 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 fundralsing events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings a OFC office experience PET petition circo PHO phone bank POL polking and POS postage, de	mmunications nd appearance: inses ulating (s survey researd	h senger services	erwise, describe the paym RAD radio airtime and produ returned contributions SAL campaign workers' sal. TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	aries aries 3 production costs 9, and meals ging, and meals nittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE C	R DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Chase Card Services Palatine, IL 60094-41	D	WEB OF C	Consta Food/62	int Contact s Campaign	75 43.46	118.46
Adam Schift for Congres Pasadena, (A	2	CTB				250.
ATET Mobility Los Angeles, CA 90060-	0017		Cell Phon Campai	e. Expense In		377.26
ATE T Los Angeles, CA 90060		Pho				477,20
* Payments that are contributions or independent expenditures must als	o be summarized o	n Schedule D.		<u></u>	SUBTOTAL \$	1222,92

.

Schedule I Miscellane	iscellaneous Increases to Cash Amounts may be rounded to whole dollars.		Statement covers period from $\frac{3}{22}/09$	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE through 6/30/09				Page 21 of 2/	
RAME OF FILER	1.0. NUMBER 1231806				
DATE RECEIVED	FULL NAME AND ADORESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	, DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
4/21/09	City of Glendale Glendale, (A	Refund Glendale	from City of - Compaigni Fecs	1166.79	
60609	AT ST Accts Payable St. Louis, mo 63178	Telepho Deposit	ne-Refund	889.14	
	,				
Attach addit	tional information on appropriately labeled continuation sheets.		SUBTOTA	1\$ 2055.93	
 Uniternized Total of all Total misce 	Summary acreases to cash this period d increases to cash of under \$100 this period interest received this period on loans made to others. (Sch ellaneous increases to cash this period. (Add Lines 1, 2, a Page, Line 14.)	nedule H, Column (e).)	s_2055, s 0	93	

• •

-

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