			Kêc	A VIA TA	COVER PAGE				
Ca	ecipient Committee ampaign Statement	Type or print in	ink. RECE	A to Stam	CALIFORNIA 460				
C	over Page			c na:07					
(Go	overnment Code Sections 84200-84216.5)	Statement covers period from February 20, 2011	Date of election if applicable: (Month, Day, Year)	6 P3:07	Page 1 of 4				
SE	E INSTRUCTIONS ON REVERSE	throughJune 30, 2011	March 8, 2011 CITY OF I	ASADENA					
1.	Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:						
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Campitote Part 5) General Purpose Committee Sponsored Sponsored Small Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Pert 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Pert 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Termination Statement (Also file a Form 410 Terminat☐ Amendment (Explain below) Figures needed to be recale	ion)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495				
3.		D. NUMBER 1336572	Treasurer(s)						
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER						
	Friends of Allen Shay for City Council 2011		Susana Campos						
			MAILING ADDRESS						
			202 S. Lake Avenue, Suite 2						
	STREET ADDRESS (NO P.O. BOX)		СПҮ		ZIP CODE AREA CODE/PHONE 31101 626-584-0499				
	202 S. Lake Avenue, Suite 260	DDE AREA CODE/PHONE	Pasadena NAME OF ASSISTANT TREASURER, IF		31101 020-384-0499				
	CITY STATE ZIP C Pasadena CA 9110		MANUE OF MODICINESS TRESPORTED IN						
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS						
	MAILING ADDICESS (III BITTERENT) NOT THE STATES								
	CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE				
	OPTIONAL: FAX / E-MAIL ADDRESS 626-584-0499 / shayandassociates@hotmail.co	m	OPTIONAL: FAX / E-MAIL ADDRESS 626-584-0703 / shayandasso	ociates@hotma	ail.com				
4.	Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct.	owledge the information contained herein an Signify's or phase or pacietant Treasure ontrolling Officeholder, Candidate, State Mea	Responsible Officer of Spaure Proponent					
				FPPC Toll-F	Free Helpline: 866/ASK-FPPC (866/275-3772) State of California				

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA FORM	460					
Page2	of <u>'o</u>					

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballo	L MEASULE C		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Allen Shay DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Pasadena City Council District 4 2011 RESIDENTIALBUSINESS ADDRESS (NO. AND STRE						
	Pasadena, Ca 91101		Identify the controlling off			ute proponent, in
Related Committees Not Included in t not included in this statement that are controlled contributions or make expenditures on behalf of	I by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	-	. Primarily Formed Can	didate/Office	holder Committe	e List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,	officeholder(s) or candidate(s) for which this	OFFICE SOUGHT OR H	FID.
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OF NOLEGODOM GRAN	Suppo Oppos
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPO
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR F	SUPPOS
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR F	SUPPO
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)					
					n sheets if necessa	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from February 20, 2011

through June 30, 2011

Page 3 of 1.D. NUMBER 1336572

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through	Page of		
NAME OF FILER Allen Shay			I.D. NUMBER 1336572		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
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	\$ 0.00	\$ 8350.00 15000.00 \$ 15650.00 0.00 \$ 23350.00	Contributions Telephone Telephone		
Expenditures Made Schedule E, Line 4 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	\$ 0.00 \$ 508.53 0.00 0.00	\$ 13876.08	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)		
Current Cash Statement 12. Beginning Cash Balance	0.00 0.00 508.53	lo calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	*Amounts in this section may be different from amounts reported in Column B.		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents Soe instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/l FPPC Tottl-Free Helpline: 866/ASK-FPPC (866/275-37		

Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	trom	ers period y 20, 2011	CALIFORNIA 460 FORM		
NAME OF FILER Allen Sha	ons on reverse			through		I.D. NU 13365	MBER	of
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-EMPL OYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	LECTION DATE QUIRED)
2/28/2011	Pasadena Fire Department 199 S. Los Robies Pasadena, CA	☐IND ☐COM ØOTH ☐PTY ☐SCC	Pasadena Fire Dept.	5100.00	5100	.00		5100.00
3/16/2011	Eddie Newman (retired)	IND COM OTH SCC	John Muir High School (retired principal)	100.00	100	.00		100.00
4/19/2011	Pasadena Fire Department 199 S. Los Robles Pasadena, CA	☐IND ☐COM ØOTH ☐PTY ☐SCC	Pasadena Fire Dept.	2500.00	2500	.00		2500.00
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	7700.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			0.00	IND- COM	(other to	l nt Committ han PTY o e.g., busin	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			7700.00		FPPC	Form 460	(January/05)

SCHEDULE A

	_		_1.				SCHE	DULE B-PART 1
Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	rers period M ZC1 ZZ11	CALIFORNIA 460		
					through June	30, 2011 °	Page5	of 6
SEE INSTRUCTIONS ON REVERSE					unough		I,D, NUMBER	
NAME OF FILER							1336572	
Allen Shay								
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101	Shay and Associates		E000 00	□ PAID \$ 0.0 FORGIVEN	_ \$	O %	ş_5000.00	\$\frac{15000.00}{\text{perelection"}}\$
		\$_5000.00	s_5000.00	s_5000.0	DATE DUE	ss	DATE INCURRED	\$ 15000.00
TIND COM OTH PTY SCC				\$ FORGIVEN	_ s	%	s	SPERELECTION**
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$FORGIVEN	s	RATE %	s	\$PERELECTION**
t□ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	s	DATE INCURRED	S
		SUBTOTALS	\$ 5000.00	\$ 5000.	00 \$ 0.00	\$ 0.00		garage and experience
						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				_	5000.00			
Loans received this period (Total Column (b) plus unitemized loan	ns of less than \$100.)				5000.00	1	Contributor Codes	S
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.) It are also itemized on Sche	dule A.)			0.00	- C		PTY or SCC) , business entity) ty
 Net change this period. (Subtract Lin Enter the net here and on the Summa 	ry Page, Column A, Line 2.	_		NET \$.	(May be a negative number)			
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A	.)			FPPC	C Toll-Free Helpi		n 460 (January/05) PC (866/275-3772)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 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 FORM CALIFORNIA 460 FORM FORM CALIFORNIA 460 FORM FORM CALIFORNIA 460 FORM				SCHEDULEE
Allen Shay CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CODE campaign paraphemalia/misc. CMP campaign paraphemalia/misc. CMS campaign consultants CMS contribution (explain nonmonetary)* COC office expenses CVC civic donations FET petition circulating FET petition circulating FET candidate filing/ballot fees FND fundraising events I.D. NUMBER 1336572 I.D. NUMBER 1336572 I.D. NUMBER 1A36572 I.D. NUMBER 1336572 I.D. NUMBER 1A36572 I.D. NUMBER 1A36572		Amounts may be rounded		CALIFORNIA 460
Allen Shay CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMP campaign consultants CTS contribution (explain nonmonetary)* CVC civic donations FET contribution (explain nonmonetary)* CVC civic donations FET phone banks PHO politing and survey research 1336572 1336572 1336572 1336572 1336572	SEE INSTRUCTIONS ON REVERSE		through Jone 30, 2011	
CMP campaign paraphernalia/misc. MBR member communications RAD radio aritime and production costs campaign consultants MTG meetings and appearances office expenses SAL contribution (explain nonmonetary)* CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs tarrial for the campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs cam	·····			1
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances Office expenses PET petition circulating PHO phone banks	RAD radio aritime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs d meals and meals

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTC contribution (explain nonmonetary)* CVC clvic donations candidate filling/ballot fees finudraising events 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, del	munication d appearar ses lating survey rese ivery and r	s nces	RAD radio airtime a RFD returned cont SAL campaign wo TEL t.v. or cable a TRC candidate trav TRS staff/spouse t	candidate/sponsor ail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. HUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Allen Shay 202 S. Lake Avenue, Suite 260 Pasadena, CA 91101		LIT				508.53
* Payments that are contributions or independent expenditures of	nust also be summ	narized or	Schedule D.		SUBTOTAL\$	508.53
Schedule E Summary						508.53
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	0.00
2. Unitemized payments made this period of under \$100					\$	
3. Total interest paid this period on loans. (Enter amount from 4. Total payments made this period. (Add Lines 1, 2, and 3. E	Schedule B, Part inter here and on t	1, Colum the Sumr	ın (e).) nary Page, Colu	ımn A, Line 6.)	TOTAL \$	508.53

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