Recipient Committee Campaign Statement Cover Page	ink.	Date Stamp	COVER PAGE CALIFORNIA 460 200-702 FORNI	
(Government Code Sections 84200-84216.5)	Statement covers period from 1/1/11	Date of election if applicable: (Wonth, Day, Year)	Received Via Email 1/31/11	Page 1 of 4
SEE INSTRUCTIONS ON REVERSE	through1/22/11	3/8/11	1/31/11	84
State Candidate Election Committee Recall Also Complete Prints General Purpose Committee Sponsored Prints Committee Sponsored Prints Committee Sponsored Prints Committee	nplete Parts 1, 2, 3, and 4. sillot Measure Committee Primarily Formed Controlled Sponsored Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	elow)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE): Gaylaird Christopher for School Board 2011 STREET ADDRESS (NO PO EOX) 1131 Heatherside Road CITY STATE ZIP COI Pasadena CA 91105	626-722-7887	Treasurer(s) NAME OF TREASURER Greg Stephens MAILING ADDRESS 1736 La Cresta Drive GITY Pasadena NAME OF ASSISIANT TREASUR Melissa Rail	CA 9	ZIP. CODE AREA CODE/PHONE 91103-1213 626-798-0227
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BE 65 North Catalina Avenue CITY Pasadena OPTIONAL: FAX / E-MAIL ADDRESS 626-356-3080 - Gaylairdc@sbcglobal.net 4. Verification	DE AREA CODE/PHONE	MAILING ADDRESS 65 North Catalina Aven GITY Pasadena GPTIONAL FAX / E-MAIL ADDR 626-356-4080 - mrail@.	STATE . CA S	ZIP CODE AREA CODE:PHONE 91106 626-356-4080
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true a	Knowledge the information contains not correct. Signature of Cauchy of Canada State Measure Projection of Canada State Measure of Canada State Measure State Senature of Canada State Measure of Canada State Sta	reasurer rannari ar Rasponcible Officer at Sa ete Measure Proponari	

Recipient Committee Campaign Statement Cover Page — Part 2

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Page_	2	of _	4	_ !

Officeholder or Candidate Controlle	ed Committee	6.	Ballot Measure Comm	ittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Gaylaird Christopher						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE;		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT CPPOSE
School Board - District No. 6						☐ CPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND ST	TREET) CITY STATE Z:P					
65 North Catalina Avenue	Pasadena CA 91106	Identify the controlling officeholder, candidate, or state measure propon				e proponent, if ar
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
Related Committees Not included in not included in this statement that are control contributions or make expenditures on behalf	lled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		CISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Con	nmittee us	names of officeholder(s) o	r candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?		which this committee is prin			
COMMITTEE ADDRESS STREET ADDRES	S (NC P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT CPPOSE
CITY STATE			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL:	SUPPORT OPPOSE
DOMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CAMBIDATE	OFFICE SOUGHT OR HEL:	
			NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE BOOGLIT ON FIEL	SUPPORT S OPPOSE
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	STACIDINAC	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	YES NC					
	TYES NC		To the second se			1 377032
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	TYES NC					13 377032

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER Gaylaird Christopher for School Board 2011 1335506 Column B CALENDAR YEAR TOTAL TODATE Contributions Received Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1,075.00 1,075.00 1/1 through 6/30 7/1 to Date 1,075.00 20. Contributions 1,075.00 Received 21. Expenditures 1,075.00 1,075.00 Made Expenditures Made Expenditure Limit Summary for State 6. Payments Made Schedule E. Line 4 \$ 91.66 91.66 Candidates 8. SUSTOTAL CASH PAYMENTS 22. Cumulative Expenditures Made (M Subject to Voluntary Expenditure Limit) 91.66 Add Lines 6 + 7 91.66 Date of Election Total to Date (mm/dd/yy) 91.66 91.66 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Rage, Line 16 \$ 0.00 To calculate Column B. add 13. Cash Receipts Column A. Line 3 above 1075.00 amounts in Column A to the corresponding amounts from Column B of your last 91.66 report. Some amounts in Column A may be negative 983.34 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is S. the first report being flied for this calendar year, only carry over the amounts *Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement co	overs period 1/1/11	SCHEDLLE /		
SEE INSTRUCTION	ONS ON REVERSE			through	1/22/11	Page_	4	of4
NAME OF FILER Gaylaird Cit	nristopher for School Board 2011	The second desiration of the second desiration		1		1.D. NUM 133550		
DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF COMMITTEE, ALSO ENTER LD MUNSER!	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	TC	LECTION DATE (GUIRED)
1.6.11	Gaylaird Christopher	MIND COM OTH PTY SCC	Architect Architecture for Education, Inc.	100.00	101	0.00		100.00
1.18.11	Gaylaird Christopher	IND COM OTH PTY SCC	Architect Architecture for Education, Inc.	900.00	1000	0.00		1000.00
		IND COM OTH PTY SCC			i	1		
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		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS					
1. Amount red	A Summary serived this period – contributions of \$100 or more. Schedule A subtotals.)		\$ <u></u>	1,000.00	IND-	ributor Cod Individual - Recipient	Committe	
2. Amount red	ceived this period – unitemized contributions of less tha	ın \$100	s	75.00		(other than PTY or SO OTH - Other PTY - Political Party		
 Total mone (Add Lines 	tary contributions received this period. .1 and 2. Enter here and on the Summary Page, Colun	nn A, Line 1.)	TOTAL \$	1,075.00		- Small Cont		omnittee

FPPC Form 460 (June/81) FPPC Toll-Free Helpline: 366/ASK-FPPC