Recipient Committee Type or print in ink. Campaign Statement		n <b>k.</b>	CALIFORNIA 460	
Cover Page (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7 1 10	Date of election if applicable: (Month, Day, Year)	RECEIVE	Page of 4
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	mplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure  ornnittee ) Controlled ) Sponsored  so Complete Part 9  rimarily Formed Candidate/  ffliceholder Committee  so Complete Part 7)	2. Type of Statement:  Preelection Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 T  Amendment (Explain b	t	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  OITY  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BO  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE OY 626-794-0335	Treasurer(s)  NAME OF TREASURER  MAILING ADDRESS  CITY  PASCALLIA  NAME OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADD	CA C	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on   Executed on   Date  Executed on   Date	this statement and to the best of my known at that the foregoing is true and correct.  By	Signature of Treasurer or Assistan  Signature of Treasurer or Assistan  Froiling Officeholder, Candidate, State Measure Pr  Signature of Controlling Officeholder, Candidate,  Signature of Controlling Officeholder, Candidate,	it Treasurer  Toponent or Responsible Officer of Spansible Measure Proponent  Elate Measure Proponent	

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA 460

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	t Measure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPL		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE	
SCHOOL BORISH TRUSTRE, PASCILLAR UN RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY S 1824 N. MCV VISTO AVE PASCILLAR	STATE ZIP			state measure proponent, if any.	
Related Committees Not Included in this Statement: List a not included in this statement that are controlled by you or are primarily to contributions or make expenditures on behalf of your candidacy.	ny committees	NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT	DISTRICT NO. IF ANY	
COMMITTEENAME I.D. NUMBER					
NAME OF TREASURER CONTROLLED CO	7. OMMITTEE? 7. □ NO	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Officeholder C	ommittee List names of is primarily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOI	UGHT OR HELD SUPPORT OPPOSE	
CITY STATE ZIP CODE ARE	EA CODE/PHONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE	
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE	
	DMMITTEE?	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE ARE	EA CODE/PHONE	Attaci	h continuation sheets if	necessary	

Campaign	Disclosure	Statement
Summary I	Page	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period from 7 1110 CALIFORNIA 460 FORM through 12 31 10 Page 3 of 4 ID. NUMBER 133 2432

NAMEOFFILER KENNE FOR School Board &	acil		133,1432
Contributions Received  1. Monetary Contributions	10,000.00 12,000.00	\$ 2.000.00 \$ 12.000.00 \$ 12.000.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	309900 3099000	\$ 749.01 0 \$ 749.01 3099.00 0 \$ 3.848.01	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 Previous Summary Page, Line 16  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	12,000.00 	To 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 filled for this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts 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	12 000 00	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/0 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377:

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		from 7 1 10		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through 12 31	I	e <u>4</u> of <u>4</u>
NAME OF FILER	2011					NUMBER
Kenne for School Board	- <i>a</i> 011				1 13	334437
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events ND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications  1 appearances  ses  lating  curvey researd  ivery and mes		RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate travel TRS staff/spouse tra TSF transfer betwee VOT voter registratio	d production costs utions ers' salaries ime and production , lodging, and meals vel, lodging, and m n committees of the	s eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT	¥.	· AMOUNT PAID
Political Data Inc Po Box 1706 Burbank CA 91507		cimp	Political a	ota.		704.06
					· **	
				,	under state of the	
* Payments that are contributions or independent expenditures	must also be summ	arized on Sc	hedule D.		SUBTOT	AL\$ 704.06
Schedule E Summary	-					· 704.06
1. Itemized payments made this period. (Include all Schedule						,
2. Unitermized payments made this period of under \$100			***************************************			
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (	e).)			<u> </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on t	ne Summar	y Page, Column A,	Line 6.)	TOTAL	744.01

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

SCHEDULEE