Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print in	RECE	COVER PAGE ALIFORNIA 460						
,-	,	Statement covers period from1/1/09	Date of election if applicable: (Month, Day, Year)	109 FEB -5		ge1 of5 For Official Use Only				
SE	E INSTRUCTIONS ON REVERSE	through1/24/09	3/10/09	CITY CI CITY OF PA	LERK ASADENA					
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Controlled Controlled Controlled Sponsored CAlso Complete Part 5) Controlled Sponsored CAlso Complete Part 6) Primarily Formed Candidate Officeholder Committee Political Party/Central Committee CAlso Complete Part 7)			2. Type of Statement: Preelection Statement							
3.). NUMBER 1314350	Treasurer(s)							
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER							
	Committee to Elect Charles Nelson 2009		Stephanie N. Johnson							
			MAILING ADDRESS							
	STREET ADDRESS (NO P.O. BOX)		P.O. Box 40302							
	P.O. Box 90662		CITY Pasadena	STATE CA	ZIP CODE 91114	AREA CODE/PHONE (626) 831-5109				
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		91114	(626) 631-3109				
	Pasadena CA 91109									
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS							
	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS							
	igotcourage@aol.com		OPTIONAL: FAX / E-MAIL ADDR	4582						
_										
4.	Verification I have used all reasonable diligence in preparing and reviewing	this statement and to the hest of my kno	owledge the information contained be	rain and in the attache	ad echadulae ie	true and complete. I cortify				
	under penalty of perjury under the laws of the State of California			tom and in the attache	10 3011000103 13 1	and difference. Foothly				
	2/5/09	a Stackyo	my of the more							
	Executed onDate	By	Signature of Treasurer or Assistant	Treasurer						
	Executed on	BySignature of Co	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer	r of Sponsor					
	Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent								
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tota Mansum Omanno-1						
	Liene		Signature of Controlling Umcanocar, Candidate, State Measure Proponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772) State of California							

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE-PART2
CALIFORNIA 460
FORM 2 of 5

. Officeholder or Candidate Controlled Co	mmittee	6.	6. Primarily Formed Ballot Measure Committee							
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE							
Charles Nelson										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT				
PUSD Board of Education Seat # 5						OPPOSE				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP									
P.O. Box 90662 Pas		Identify the controlling of	iceholder, ca	ndidate, or state measu	re proponent, if any.					
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT							
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY				
COMMITTEE NAME	I.D. NUMBER	7	Primarily Formed Can	didata/Offic	ashaldar Committee					
NAME OF TREASURER CONTROLLED COMMITTEE7			officeholder(s) or candidate(s) for which the						
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE				
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE				
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDA		OFFICE SOUGHT OR HEL	-				
			NAME OF OFFICEHOLDER OR	DANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE				
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				<u></u>					
CITY STATE 2	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary					

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.		State	ment covers period 1/1/09	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through	1/24/09	Page3 of5		
NAME OF FILER Charles Nelson					I.D. NUMBER 1314350		
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column CALENDARY TOTAL TOD	YEAR	Running in Both th	nmary for Candidates se State Primary and		
1. Monetary Contributions		\$15	500.00	General Elections 1/1 t	hrough 6/30 7/1 to Date		
Loans Received	\$	\$		20. Contributions Received \$	\$ <u></u>		
4. Nonmonetary Contributions	\$1500.00	s15	500.00	21. Expenditures Made \$	\$		
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3	s1500.00	s15	500.00	Candidates	Summary for State		
SUBTOTAL CASH PAYMENTS	\$	\$ 22. Cumulative Expenditure (if Subject to Voluntary Expendit Date of Election					
10. Nonmonetary Adjustment	s 1500.00	s15	500.00	(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	1500.00	To calculate Colur amounts in Colur corresponding ar from Column B of report. Some am	nn A to the nounts f your last	*Amounts in this section may be different from amounts reported in Column B.			
15. Cash Payments	1500.00 s 0	Column A may be figures that shoul subtracted from period amounts.	negative d be previous If this is				
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$	for this calendar carry over the an	year, only nounts				
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	s	from Lines 2, 7, a any).	nd 9 (if				
19. Outstanding Debts				FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)		

Schedule A Monetary Contributions Received			e or print in ink.			SCHEDULE .		
			ts may be rounded whole dollars.	Statement covers period from 1/1/09		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through	1/24/09	Page	4	of5
NAME OF FILER			***************************************	l	-	_	UMBER	
Charles N	Nelson .					1314		
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 N (JAN. 1 - DEC	YEAR	то	ELECTION DATE EQUIRED)
1/5/09	Scott Schaller Marina Del Ray, CA	☑IND □COM: □OTH □PTY □SCC	Chemsearch, CA	500.00	500	0.00		
1/23/09	Willie Pelote 1121 L Street Sacramento, CA	☐IND ☐COM ☐OTH ☑PTY ☐SCC	AFSCME, Local 2325	1000.00 1000.00		.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL\$	1500.00				
1. Amount re	A Summary celved this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1500.00	IND-			
	ceived this period – unitemized monetary contributions	of less than \$	\$100 \$	0	PTY.	OtherPolitical	(e.g., busin l Party	ess entity)
	etary contributions received this period. It and 2. Enter here and on the Summary Page, Colui	mn A, Line 1.)	TOTAL \$	1500.00	SCC		Contributor C	
				FPPC	Toll-Free Helpline			(January/05) 66/275-3772)

Schedule E	Type or print in ink.				Statement covers period CALIFORNIA 4.00					
Payments Made	Amounts may be rounded to whole dollars.				from1/1/09			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through1/24/09				5	
NAME OF FILER							I.D. NU	JMBER		
Charles Nelson							13143	50		
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MBR member commeetings an OFC office exper petition circuphon banks POL polling and postage, del	munications d appearance ises lating survey resea ivery and m	ees	RAD RFD SAL TEL TRC TRS	radio ai returner campai t.v. or c candida staff/spi transfer voter re	e the paymen rtime and produc d contributions gn workers' sala able airtime and the travel, lodging buse travel, lodging between comm gistration tion technology of	ories production cos g, and meals ging, and meals gittees of the sa	s ame candio	date/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAY	MENT		АМО	UNT PAID	
Freeman Public Affairs		СМР							1500.00	
* Payments that are contributions or independent expenditures	must also be summ	arized on S	Schedule D.				SUBTOTAL	\$	1500.00	
Schedule E Summary										
1. Itemized payments made this period. (Include all Schedule	E subtotals.)						\$	1	500.00	
2. Unitemized payments made this period of under \$100									0	
Total interest paid this period on loans. (Enter amount from									0	
or reserved ballo time period of leafier (white difficulty from	. Co. oddie o, i dit	.,	(~/./				· · · · · · · · · · · · · · · · · · ·			

1500.00

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