Dini				COVER PAGE						
Recipient Committee Campaign Statement Cover Page			Type or print in	RECEIV	Date Stamp		FORM 460			
(Government Code Sections 84200-84216.5)			1/25/09	Date of election is the include: (Month, Day, Year)	12 <b>:53</b>	Page	1 of For Official Use Only			
SEE INSTRUCTIONS ON REVERSE			gh2/21/09	- SOFTY OF PASA	DERA					
1. Type of Recipient Com  I Officeholder, Candidate Co State Candidate Election Recall (Also Complete Part 5)  General Purpose Committe Sponsored Small Contributor Com Political Party/Central Co	ontrolled Committee on Committee ee mittee	Primarily Committe Contr Spon (Also Compi	Formed Ballot Measure see olled sored see Part 6) Formed Candidate/ der Committee	2. Type of Statement:  Preelection Statement Semi-annual Statement Hermination Statement (Also file a Form 410 T Amendment (Explain b info incorrect moneta	ermination)	Statement - A	Year Report I Preelection ttach Form 495			
3. Committee Information	n	I.D. NUMB 13143		Treasurer(s)						
COMMITTEE NAME (OR CANDID	ATE'S NAME IF NO COMM			NAME OF TREASURER						
Committee to Elect Cha	arles Nelson			Charles Nelson						
				MAILING ADDRESS						
STREET ADDRESS (NO P.O. BO	X)			P.O. Box 90662	STATE	ZIP CODE	AREA CODE/PHONE			
P.O. Box 90662	^/			Pasadena	CA	91109	(626) 529-5762			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU						
Pasadena		91109	(626) 529-5762							
MAILING ADDRESS (IF DIFFERE	ENT) NO. AND STREET OR	P.O. BOX		MAILING ADDRESS						
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDR	RESS			OPTIONAL: FAX / E-MAIL ADDI	RESS					
4. Verification										
I have used all reasonable dilig under penalty of perjury under Executed on Executed on Executed on	the laws of the State of Ca 2/26/09 Date 2/26/09	viewing this sta alifornia that th 	e foregoing is true and correct.  By	Signature of Treasurer or Assistant Protrolling Officeholder, Candidate, State Measure Pro	Treasurer  A-C  Sponent or Responsible Officer of		e and complete. I certify			
Excoured on	Date	_	-, <u></u>	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent					
Executed on	Date	_	Ву	Signature of Controlling Officeholder, Candidate, 8	•	I-Free Helpline: 8	FPPC Form 460 (January/05) 66/ASK-FPPC (866/275-3772) State of California			

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 5

5.	. Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee						
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE						
	Charles Nelson									
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION			☐ SUPPORT ☐ OPPOSE			
	PUSD Board of Education									
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		identify the controlling of	iceholder, can	didate, or si	tate measure	proponent, if any		
	P.O. Box 90662 Pasade	na, CA 91109		Identify the controlling officeholder, candidate, or state measure proponent, if any NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
	Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY		
	COMMITTEE NAME	I.D. NUMBER								
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7	Primarily Formed Can officeholder(s) or candidate(s)	s) for which this	committee is	ommittee s primarily for JGHT OR HELD	med.		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOC	JGITI OKTILLE	SUPPORT OPPOSE		
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			Atta	sch continuatio	n sheets if	necessarv			
	CITY STATE ZIP (	CODE AREA CODE/PHONE		Atta	ch con	tinuatio	tinuation sheets if	ntinuation sheets if necessary		

to whole dollars	nded	from	2/21/09	CALIFORNIA 460 FORM 5  Page 3 of 5  I.D. NUMBER 1314350
100.00	CALENDAF TOTALTO	100.00 0 100.00 0	Running in Both th General Elections  1/1 ti  20. Contributions Received \$  21 Expenditures	mary for Candidates e State Primary and hrough 6/30 7/1 to Date \$\$
100.00	\$	0 100.00 0		/e Expenditures Made* o Voluntary Expenditure Limit) Total to Date
100.0	To calculate Col amounts in Coluc corresponding; a report. Some a Column A may if gures that sho subtracted from period amounts the first report to for this calenda carry over the army).	mn A to the amounts of your last mounts in the negative uld be previous. If this is being filed ryear, only amounts	reported in Column B.	may be different from amounts  FPPC Form 460 (January/05)
	Column A   TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)   S   100.00	Column A   Column CALENDAR TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)   S   100.00   S	Column A	Column A

SUMMARY PAGE

Schedule A Monetary Contributions Received		Amount	or print in ink. is may be rounded whole dollars.	Statement cov	vers period 25/09	california 460		
SEE INSTRUCTION	ONS ON REVERSE			through2	/21/09	Page	of5	
NAME OF FILER Charles N				1.D. NU 13143				
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	CEIVED THIS CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)	
2/6/09	Alice Peterson 1165 Rubio St. Altadena, CA 91001	☑IND □COM □OTH □PTY □SCC	□COM Retired □OTH □PTY					
2/16/09	Greg Kalajian 1813 E. Colorado Bl. Pasadena, CA	☑IND □COM □OTH □PTY □SCC	K & S Mobil	\$50.00	\$50.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 100.00				
1. Amount r (Include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)				INI	(other	1	
	eceived this period – unitemized monetary contribution		PTY – Political Party SCC – Small Contributor Committ					

100.00

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.					nt covers period 1/25/09		california 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Charles Nelson				thre	ough	2/21/09	Page I.D. NUM 131435		
CODES: If one of the following codes accurately describer campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cvic donations FiL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member of meetings OFC office exp PET petition cir PHO phone bal POL polling an POS postage, of	ommunications and appearance enses culating iks d survey resear delivery and me	s	RAD RFD SAL TEL TRC TRS	radio a returne campa t.v. or candid staff/sp transfe	nirtime and productions and contributions ign workers' salaricable airtime and poste ate travel, lodging, pouse travel, lodging,	es roduction cost and meals ig, and meals tees of the sai	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PA	YMENT		AMOUNT PAID	
Freeman Public Affairs		СМР						100.00	
* Payments that are contributions or independent expenditures	must also be sur	nmarized on S	chedule D.				SUBTOTALS	100.00	
Schedule E Summary								100.00	
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)		•••••				\$	0	
2. Unitemized payments made this period of under \$100							\$		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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

0

100.00

SCHEDULEE