Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i		Date Stamp RECEIVED	CALIFORNIA 460
(Government Good Goodsile Graph Graph Graph Goodsile Goodsile Graph Grap	Statement covers period from 1/1/09	Date of election if applicable: (Month, Day, Year)	FEB -2 A11:01	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 1/24/09	3/10/09	CITY CLERK	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4.  Trimarily Formed Ballot Measure  Committee ) Controlled ) Sponsored  Uso Complete Part 6)  Trimarily Formed Candidate/  Ifficeholder Committee  Uso Complete Part 7)	2. Type of Statement:  Preelection Statement  Semi-annual Statement Termination Statement (Also file a Form 410 To	Specific Specific Support State	terly Statement ial Odd-Year Report elemental Preelection ment - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  CITY  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B  CITY  STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS	NA (626) 398-1011  OX  OX	MAILING ADDRESS  NOOD Palm  Pasadena	STATE ZIP C	104 (626)398-066
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	a that the foregoing is true and correct.  By	wiledge the information contained he Signature of Tresourer or Assistant troiling Officeholder, Candidate, State Measure Principal officeholder, Candidate, Signature of Controlling Officeholder, C	Treasurer  pponent or Responsible Officer of Sponsor  State Measure Proponent  State Measure Proponent	elpline: 886/ASK-FPPC (886/276-3772)

Type or print in Ink.

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

Page 2 of 6

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballot M	easure Committee	Ð	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DIOTOLOT AN MADE DI GADALIGA DI G		BALLOT NO. OR LETTER JU	JRISDICTION		
V - 2 / 1/ 2 / 1/ 2	10	_/ ¬	BALLOT NO. OR LETTER JC	RISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY STATE ZIP	f fax				
1485 E. Mountain S.	t. toradena CA. 711	<i>A</i> 0,	Identify the controlling officeho		tate measure	proponent, if any
		` \	NAME OF OFFICEHOLDER, CANDIDA	TE, OR PROPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candida officeholder(s) or candidate(s) for			
COMMITTEE ADDRESS STREET ADDRESS (I	YES NO		NAME OF OFFICEHOLDER OR CANDI		IGHT OR HELD	
	NO P.O. BOX)		TAME OF OFFICEROLDER OR CANDI	DATE OFFICE SOL	IGHT OR RELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOL	IGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER					OPPOSE
			NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
	NO DO DOY			. 1		_
COMMITTEE ADDRESS STREET ADDRESS (I	NO P.O. BOX)					

Campaign Disclosure Statement	Type or print in ink. Amounts may be round	ed S	SUMMARY PAGE  (tatement covers period CALIFORNIA A CO
Summary Page	to whole dollars.	from	-///09 FORM 400
SEE INSTRUCTIONS ON REVERSE		thro	ugh / /24/09 Page 3 of 6
NAME OF FILER  8 HONOWITZ FOX SCHOOL F	Board		1314636
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 General Elections
Monetary Contributions	_	* <u>380 -</u>	- 1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s <u>350 -</u>	; <u>350 -</u>	20. Contributions Received \$ \$
4. Nonmonetary Contributions	26	\$ 350	21. Expenditures Made \$\$
Expenditures Made 6. Payments Made Schedule E, Line	_	s 333.80	Expenditure Limit Summary for State  Candidates
7. Loans Made         Schedule H, Une           8. SUBTOTAL CASH PAYMENTS         Add Lines 6 +	s <u>333.80</u>	* <u>333.80</u>	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)		<del>- 100</del>	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE		s 433.80	\$
Current Cash Statement	. 0		\$
12. Beginning Cash Balance Previous Summary Page, Line 1  13. Cash Receipts Column A, Line 3 abov  14. Miscellaneous Increases to Cash Schedule I, Line  15. Cash Payments Column A, Line 8 abov	\$ 350 ~ \$ 333,80	To calculate Column B, amounts in Column A to corresponding amounts from Column B of your report. Some amounts Column A may be negat	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE	5 \$ \\6.20	figures that should be subtracted from previou period amounts. If this	is ·
17. LOAN GUARANTEES RECEIVED Schedule B, Part	2 \$	the first report being file for this calendar year, of carry over the amounts	onty :
Cash Equivalents and Outstanding Debts  18. Cash Equivalents		from Lines 2, 7, and 9 ( any).	if : : : : : : : : : : : : : : : : : : :
19. Outstanding Debts			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from / / / 00		FORM 460		
SEE INSTRUCTIO	INS ON REVERSE			through	24/09	Page _	<u> </u>	6.
NAME OF FILER	Ed Honowitz for So	loons	Board			I.D. NUN	BER 463	6
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-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DA (IF REQU	TE
1/5/09	Joseph L. Wyatt, Ir. 19 Armada Dr. Pasadena, CA. 91103	DEIND COM OTH SCC	Attorney Marison & Frester	\$250 -				
1/12/00	Pasadena CA. 91103 Dorothy Honourtz 951 S. Fair Daks #456 Pasadena, CA. 91105	IMIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	\$100 -	·			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						<del>/</del>
			SUBTOTAL\$	350		in s	(1.05-b)	V.A.
Amount rec (include all     Amount rec	A Summary  ceived this period – itemized monetary contributions.  Schedule A subtotals.)  ceived this period – unitemized monetary contributions tary contributions received this period.		······································	350	*Con IND- COM OTH PTY-	ributor Coc Individual Recipient (other that Other (e. Political P	les Committee an PTY or Si g., business	CC)
(Add Lines	1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$		oll-Free Helpline	FPPC F	orm 460 (Ja	nuary/05)

Schedule E
Payments Made

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

Statement covers period CALIFORNIA FORM from 1 1 1 0 9

SEE INSTRUCTIONS ON REVERSE		through \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Page of 6
NAME OF FILER			I.D. NUMBER
Ed Honowitz for	School Board		1314636
CODES: If one of the following codes accurately	describes the payment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphemalia/misc	MRR member communications	RAD radio airtime and production	ı costs

COL	JES: It one of the following codes accurately describes	tne į	payment, y	ou may ente	er the code. Other	wise, (	iescribe the payment.	
CMP	campaign paraphemalia/misc.	MBR		mmunications			radio airtime and production costs	
CNS	campaign consultants	MTG		nd appearance	S	RFD	returned contributions	
CTB	contribution (explain nonmonetary)* civic donations	OFC				SAL		ata
FIL	candidate filing/ballot fees	PET PHO	petition circ			TEL TRC	t.v. or cable airtime and production co candidate travel, lodging, and meals	515
FND	fundraising events	POL		survey researe	rh de	TRS	staff/spouse travel, lodging, and mea	le.
ND	independent expenditure supporting/opposing others (explain)*	POS			ssenger services	TSF	transfer between committees of the s	
LEG	legal defense	PRO		al services (leg		VOT	voter registration	
ш	campaign literature and mailings	PRT	print ads			WEB	information technology costs (internet	, e-mail)
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR DES	CRIPTIO	N OF PAYMENT	AMOUNT PAID
77	ie House of Printing, INC							
33	536 E Colorado BIUd.			LIT	Kemitto	nce	. Envelopes	[F. 04/2
	asadena, ca allot							ļ
12	stashington Sta. Post Offic	<u>e</u>		000	8)			1 120
Y	0200,000 CD. 011070008			102	Signific	5		1× 16

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* Payments that are contributions or independent expenditures must also be sumn	narized on S	ihedule D.	SUBTOTAL	•
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)		•••••	\$_	266.73
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).)	\$	<del>-0</del>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the				

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Schedule F Accrued Expenses (Unpaid Bills) see instructions on reverse	Type or print in ink. Amounts may be round to whole dollars.	led	from \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Pers period (	FORM 460
NAME OF FILER  Sol Wonowitz for	32hool 1	30ard			D. NUMBER
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC cvic donations Fil. candidate filing/ballot fees fundralsing events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr	nd production cost lbutions kers' salaries time and production, el, lodging, and me avel, lodging, and en committees of ion	on costs rais meals the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAIL THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE
Ed Honomitz 1485 E. Mountain Pasadena, CA. 91104	Open a bank account	4	\$100	•	\$ 100
		-3-		4	
		A		<b>→</b>	
<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS	\$	100	; <i>&amp;</i>	\$ 100
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more; plus total unitemized	accrued expenses under	\$100.)	INCL	IRRED TOTAL	s\$ \00
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized</li></ol>	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)	l	PAID TOTAL	s\$ <del>-</del>

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

SCHEDULE F

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