5		_		SHORT FORM
Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Date Stamp	CALIFORNIA 450
SEE INSTRUCTIONS ON REVERSE	Г <u> </u>		RECEIVED	
For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not	Statement covers period from1/1/09	Date of election if applicable: (Month. Day. Year)	FEB -2 P12:58	Page 1 of 3 For Official Use Only
received or made loans, and have no outstanding accrued expenses.	through1/24/09	3/10/09	_CITY_CLERK	
1. Type of Recipient Committee:		2. Type of Statemer	1	
☐ Ballot Measure Committee ☐ Gener ☐ Sp	al Purpose Committee onsored nall Contributor Committee		ent G	Quarterly Statement Special Odd-year Report Supplemental Pre-election Statement - Attach Form 495
Primarily Formed Candidate/ Officeholder Committee	Amendment (Explain) (Also check type of statement you are amending)			
3. Committee Information	I D. NUMBER	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
Elizabeth Pomeroy for School Board		James T. Heringer		
		MAILING ADDRESS	<u>-</u>	
STREET ADDRESS (NO P.O. BOX)		245 San Miguel Rd.		
2111 E. Mountain St.		CITY		CODE AREA CODE/PHONE
CITY STATE ZIP COI	DE AREA CODE/PHONE	Pasadena NAME OF ASSISTANT TREASURE		1105 626-793-4727
Pasadena CA 9110	4 626-791-7660	NAME OF ASSISTANT TREASURE	R, IF AINT	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO BO	×	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIF	CODE AREA CODE/PHONE
OPTIONAL FAX/E-MAIL ADDRESS		OPTIONAL FAX/E-MAIL ADDRES	ss	
4. Verification I have used all reasonable diligence in preparing and re	Discussion this statement and to the h	act of an information that information	tion contained benefit in	- Am am
under penalty of perjury under the laws of the State of (tion contained herein is	s true and complete. I certify
Executed on	By Junes /	SIGNATURE OF TREASURER OR ASSIS	CTANT TREASURED	
Executed on	BySIGNATURE OF CONTROLLING O	OFFICEHOLDER, CANDIDATE, STATE MEASUR		RIE DEFICER DE SPONSOR
Executed on	By	S GELIGEDER, GANDIDATE, STATE MEASUR	LINO, ONENI, OR RESPONSIE	SEE OF HOER OF SPONSOR
DATE	SIGNATUR	E OF CONTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPOS	NENT
Executed on	Ву			
DATE	SIGNATURI	E OF CONTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPOR	NENT

FPPC Form 450 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from1/1/09	CALIFORNIA FORM	short form
-		through1/24/09	Page 2 of 3	
NAME OF COMMITTEE			ID NUMBER	
Elizabeth Pomeroy for School Board				
Expenditures Made				
1. Expenditures of \$100 or more made this period	\$	0		
2. Expenditures under \$100 made this period (Not itemized.)				0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	0		
4. Nonmonetary Adjustment		0		
5. Total expenditures made from previous statement				0
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5				0
Contributions Received				
7. Monetary contributions received this period			\$	0
8. Non-monetary contributions received this period				0
9. Total contributions received from previous statement				0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	0		
Current Cash Statement				
11. Beginning cash balance				0
12. Cash receipts this period		Line 7 above		0
13. Miscellaneous increases to cash	\$	0		
14. Cash expenditures this period		Line 3 above		0
15. ENDING CASH BALANCE THIS PERIOD	\$	0		

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Recipient Committee Campaign Statement – Short Form SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from1/1/09 through1/24/09		CALIFORNIA FORM 450 Page 3 of 3	
5. Payn	nents Made (If more space is needed, use additio	nal copies of this page for continua	tion sheets.)				
DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF BAL BALLOT NU	IDATE AND OFFICE OF LOT MEASURE AND MBER OR LETTER JRISDICTION	AMOUNT THIS PERIC	CUMULATIVE AMOUNTS TO DATE*	
						Calendar Year S Other	
			Support Contributio	Oppose		s0	
						Calendar Year S Other	
			Support Contribution	Oppose		s0	
						Calendar Year S Other	
			Support Contribution	Oppose		s0	
				SUBTOTAL	_ \$	0	

SHORT FORM

 $[\]mbox{\ensuremath{^{\star}}}$ Required only for payments which are contributions or independent expenditures.