				COVER PAGE
Recipient Committee	Type or print in	Ink.	Date Stamp	CALIFORNIA 160
Campaign Statement	••	DE.	CEIVED	FORM 400
Cover Page		1 \ L	OLIVED	5
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	TFB 25 P4:14	Page of
	from 1/25/09			
SEE INSTRUCTIONS ON REVERSE	through 2/21/09	3/10/09 CITY	ITY CLERK OF PASADENA	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
• •	Primarity Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarity Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	nt Sp Su Termination) Sta	uarterly Statement secial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information	I.D. NUMBER 1314813	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER	- N - N	
Walsh for City Council		MAILING ADDRESS		104
STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHONE
848 S. Mentor Ave.		Pasadena, CA 9	11106-3941	626-793-5701
Pasadena, CA 91106-4049	626-792-2741	J	John Walsh	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	.O. BOX	MAILING ADDRESS	S. Mentor Ave.	
CITY STATE ZII	P CODE AREA CODE/PHONE		71106-4049	F CODE AREA CODE/PHONE 626-792-2741
OPTIONAL: FAX / E-MAIL ADDRESS 7 Walshes	sbcglobal.net	OPTIONAL: FAX / E-MAIL ADI	7walsh@5	bcglobal.net
4. Verification I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Cali Executed on	By	Suppliers of Indestruction	Proponent or Responsible Officer of Spor	FPPC Form 450 (January/05)
			FPPC Toll-Fre	ee Helpline: 866/ASK-FPPC (866/275-3772) State of California

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

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. Officeholder or Candidate Controlled Committee		6.	. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
John Walsh OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT	
Member, Pasadena City Council District 7 RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP							OPPOSE	
848 S. Mentor Ave. Pasadena, CA 91			NAME OF OFFICEHOLDER, CAND			tate measure	proponent, if any.	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER	_			- L - Ld C			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is	s primarily form	ned.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO.	9		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	х)				1			
CITY STATE ZIP CC	DE AREA CODE/PHONE		Attao	h continu a tio	on sheets if	necessary		

Campaign Disclosure Statement	
Summary Page	

Type or print in ink.

Amounts may be rounded to whole dollars.

 Statement covers period from 1/25/09
 CALIFORNIA 460

 through 2/21/09
 Page 3 of 5

 I.D. NUMBER
 1.2.14.9.13

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Walsh for City Council 1314813 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD MATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 700.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 1600.00 1900.00 20. Contributions 2600.00 1600.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 Received Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 2600.00 1600.00 5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 2584.18 Candidates 1617.14 6. Payments Made Schedule E. Line 4 22. Cumulative Expenditures Made* 2584.18 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 2584.18 1617.14 **Current Cash Statement** 32.96 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the corresponding amounts 1600.00 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 1617.14 15. Cash Payments Column A, Line 8 above Column A may be negative 15.82 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement. Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above 1900.00 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	SCHEDULE B-PART 1								
Schedule B – Part 1	Type or print in ink. Amounts may be rounded				Statement cov	ers period	CALIFORN	A 460	
Loans Received		to whole dollars. from $1/25 09$					FORM 400		
					, ,			_	
SEE INSTRUCTIONS ON REVERSE					through 2/2	109	Page 4	of5	
NAME OF FILER							I.D. NUMBER		
Walsh for Ci-	ty Council						13148		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(+) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
1 l- xi 1-l-				PAID				CALENDARYEAR	
John Walsh				s	1900.00		: 300.00	: 1900.00	
848 S. Mentor Ave.	Candidate			FORGIVEN		RATE		PER ELECTION**	
Pasadena, CA 91106-4049		300.00	: 1600.00			١.	1/14/09		
FZ IND □ COM □ OTH □ PTY □ SCC		1 200100	1 1 7 0 0 . 0 0	,	DATE DUE	·	DATE INCURRED	\ <u> </u>	
A		1		☐ PAID				CALENDAR YEAR	
		* .		,				s	
				FORGIVEN		RATE		PER ELECTION ***	
								1.	
† IND COM OTH PTY SCC			•——	\$	DATE DUE		DATE INCURRED	•	
<u> </u>				☐ PAID				CALENDAR YEAR	
								1.	
				FORGIVEN		RATE	•	PER ELECTION**	
TO IND COM OTH PTY SCC		s	*	*	DATE DUE	\$	DATE INCURRED		
		SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on			
Schedule B Summary						Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100)			\$ _	1600.00		Contributor Code:	s	
							ND - Individual	İ	
2. Loans paid or forgiven this period									
(Total Column (c) plus loans under \$10	(other than PTY or SCC) (Total Column (c) plus loans under \$100 paid or forgiven.) (Other (e.g., business entity)								
(Include loans paid by a third party tha					<u>.</u>		PTY - Political Par	ty	
3. Net change this period. (Subtract Line	e 2 from Line 1.)			. NET \$ _	1600.00	ا ل	SCC - Small Contr	ibutor Committee	
Enter the net here and on the Summar	ry Page, Column A, Line 2.			, -	(May be a negative number)				

FPPC Form 460 (January/05)
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*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from 1/25/09 through 2/21/09	CALIFORNIA 460 FORM Page 5 of 5			
Walsh for City Council					1314	1813		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIL fundraising events ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) FRI to describe the payment. RAD radio airtime and production costs returned contributions returned cont								
NAME AND ADDRESS OF PAYEE (F COMMITTEE ALSO ENTER LD, NAMBER) CODE OR				CRIPTION OF PAYMENT		AMOUNT PAID		
U.S. Postal Service			stamp	S		840.00		
Office Depot 1130 E. Colorado Bl. Pasadena, CA 91106			ink, enve	elopes, paper + labels	5	777.14		
				•				
* Payments that are contributions or independent expenditures	must also be summ	arized on Sch	dule D.	SU	BTOTAL\$			
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedul					•	1617.14		
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Part	1, Column (e)	.)		\$	1/ 17 14		
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on t	ne Summary	Page, Column A,	Line 6.) TO	TAL \$_	1911.14		

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