Recipie : Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 2001/02 FORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2007 through 12/31/2007	Date of election if applicable: (Month, Day, Year)	JAN 25 A9:16	Page 1 of 5	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. allot Measure Committee) Primarily Formed) Controlled) Sponsored so Complete Part 6) rifficeholder Committee so Complete Part 7)	2. Type of Statement:	TY G / Succession	rterly Statement cial Odd-Year Report olemental Preelection ement - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Raphael Henderson For City Council	.NUMBER 1294238	Treasurer(s) NAME OF TREASURER Kinde Durkee MAILING ADDRESS 1212 S Victory BI			
STREET ADDRESS (NO P.O. BOX) 1212 S Victory BI CITY STATE ZIP CO Burbank CA 9150; MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	2 (818) 260-0669	Burbank NAME OF ASSISTANT TREASUR	STATE ZIP C CA 91502 RER, IF ANY		
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the Sta	of California that the foregoing is true By <u>Kinde Durl</u> By Raphael H	AGE Signature of Treasurer or Assistant Jenderson Cinchial	Treasurer Hullwivin ponent or Responsible Officer of Sponsor Rate Measure Proponent	schedules is true and complete. I FPPC Form 460 (June/01) PPC Toll-Free Helpline: 869/ASK-FPPC State of California	

Type or print in ink.

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

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Officeholder or Candidate Controlled Cor	nmittee		6.	Ballot Measure Commi	ttee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Raphael Henderson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF A	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Councilmember, City of Pasadena, Dis	trict: n/a						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP					
1212 S Victory BI B	urbank	CA 91502		Identify the controlling offi	ceholder, can	ididate, or state measu	re proponent, if any.
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT	77000
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily			OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED YES	COMMITTEE?	7.	Primarily Formed Com which this committee is prima	arily formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME		AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO.P.	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE Z	IP CODE A	AREA CODE/PHONE		Attac	ch continuatio	on sheets if necessary	•

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE					through	12/31/2007	Page of
NAME OF FILER Raphael Henderson For City Council							1.D. NUMBER 1294238
Contributions Received		COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Coll CALENI TOTAL		YEAR	Running in Both ti	nmary for Candidates ne State Primary and
Monetary Contributions Schedule A, Line 3	\$	0.00	\$	153	20.00	General Elections	
2. Loans Received Schedule B, Line 7		0.00			0.00	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	153	20.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions		0.00			0.00	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	153	20.00	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	153	20.00	Candidates	•
7. Loans Made Schedule H, Line 7		0.00			0.00	22 Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	219.84	\$	153	20.00	(If Subject	to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		12.76		25	74.08	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	207.08	\$	178	94.08		\$
Current Cash Statement							\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		Ιτα	calculate Colur	nn B. add	i , ,	\$
13. Cash Receipts Column A, Line 3 above		0.00	ar	nounts in Colum	n A to the	 /	\$
14. Miscellaneous Increases to Cash		0.00	fro	om Column B of	f your last		\$
15. Cash Payments Column A, Line 8 above		219.84		port. Some am Dlumn A may be			_
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	fig	ures that shoul	d be	 	\$
If this is a termination statement, Line 16 must be zero.			pe	btracted from period amounts. e first report be	If this is		\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	e first report be r this calendar y irry over the am	ear, only		Amounts in this section may be
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, a		different from amounts r	eported in Column B.
18. Cash Equivalents	\$	0.00	"	·y /·			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2574.08				FPPC T	FPPC Form 460 (June/01 oll-Free Helpline: 866/ASK-FPP

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		fr	Statement covers period om 07/01/2007	CALIFO FORI	40U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			th	rough <u>12/31/2007</u>	_ Page 4	of _5
Raphael Henderson For City Council					129423	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications I appearances ses ating	RA RFI SA TEL TRK TRS Prvices TSF	D radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging transfer between committe T voter registration	s oduction costs nd meals n, and meals ses of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTI	ION OF PAYMENT		AMOUNT PAID
Durkee & Associates	··· .					
1212 S Victory BI Burbank CA 91502 Durkee & Associates		OFC				107.08
1212 S Victory BI Burbank CA 91502 Durkee & Associates		PRO				100.00
1212 S Victory BI Burbank CA 91502		PRO				12.76
* Payments that are contributions or independent expenditures n	nust also be summa	arized on Schedule D).	s	UBTOTAL \$	219.84
Schedule E Summary		-				
1. Payments made this period of \$100 or more. (Include all So	chedule E subtotal	s.)			\$	219.84
2. Unitemized payments made this period of under \$100					\$	0
3. Total interest paid this period on loans. (Enter amount from $$	Schedule B, Part	1, Column (e).)			\$	0

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219.84

Schedule F	Type or print in ink.		DULE۔ \$		
Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2007	CALIFORNIA FORM	460	
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2007</u>	Page 5 of	5	
NAME OF FILER Raphael Henderson For City Council			I.D. NUMBER 1294238		
CODES: If one of the following codes accurately des	cribes the payment, you may enter the code. O	therwise, describe the payment RAD radio airtime and production of			

CODES. If one of the following codes accurately describe	es me payment, you may	enter the code. Of	merwise, describe t	ne payment.			
CMP campaign paraphernalia/misc.	MBR member communications		RAD radio airtime a	radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances		RFD returned contri	returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign worl	campaign workers' salaries			
CVC civic donations	PET petition circulating		TEL t.v. or cable air	t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks		TRC candidate trave	candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research		TRS staff/spouse tra	staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		TSF transfer betwe	transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)			T voter registration			
LIT campaign literature and mailings	PRT print ads		WEB information ted	chnology costs (internet,	e-mail)		
	T		(4)	·			
NAME AND ADDRESS OF CREDITOR	CODE OR	(a) OUTSTANDING	(b) AMOUNT INCURRED	(c) AMOUNT PAID	(d) OUTSTANDING		
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCEBEGINNING	THIS PERIOD	THIS PERIOD	BALANCE AT CLOSE		
		OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS PERIOD		
D 1 0 A 1 1							

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS !	2586.84	0.00	12.76	2574.08
Pasadena CA 91103					
769 N Orange Grove		702.07	0.00	0.00	702.07
Kennedy, Lena	OFC				
Pasadena CA 91107					
3336 E Colorado BI		506.61	0.00	0.00	506.61
House Of Printing	LIT				
Burbank CA 91502					
1212 S Victory BI		1378.16	0.00	12.76	1365.40
Durkee & Associates	PRO				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule F Summary

Schedule F Summary	
Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	s \$ 0
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS	3 \$12.76
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-12.76 May be a negative number

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