Recipient Committee Campaign Statement Cover Page	Type or print in		Date Stamp CEIVED	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from 02/18/2007	Date of election if approache: (Month, Day, Year)		Page 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through03/05/2007	03/06/2007 CHTY	ITY CLERK OF PASADENA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored bo Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	NUMBER 291933	Treasurer(s) NAME OF TREASURER Janet Pingleton MAILING ADDRESS		
STREET ADDRESS (NO PO BOX) 2050 Las Lunas Street	DE AREA CODE/PHONE	2050 Las Lunas Street CITY Pasadena NAME OF ASSISTANT TREASUR	CA 9	ZIP CODE AREA CODE/PHONE 91107 (626) 793-7003
Pasadena CA 91107 MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO B	(626) 793-7003	Lisa Mulcahy MAILING ADDRESS 925 Pepper Street # D	300	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY EI Segundo OPTIONAL FAX / E-MAIL ADDR	CA 9	ZIP CODE AREA CODE/PHONE 90245 (310) 322-1386
Jan.Pingleton@ngc.com 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 3 6 0 0 Executed on Date Executed on Date	this statement and to the best of my knie in that the foregoing is true and correct By	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candida	Treasurer PANSALY phonent or Responsible Officer of Spiritate Measure Proponent tate Measure Proponent	

Type or print in ink.

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

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Officeholder or Candidate Controlled Comm	6.	Primarily Formed Balle	ot Measure	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			·		
Mark A. Leon							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION		SUPPORT
Pasadena City Council, District 1							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) C	ITY STATE ZIP						
P.O. Box 92615 Pasade	na CA 91109		Identify the controlling off			ate measure	proponent, if any.
	······································		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
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	ID NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can				
TAME OF THE AGGINEN	☐ YES ☐ NO		officeholder(s) or candidate(s) for which th	is committee is	primarily to	mea.
COMMITTEE ADDRESS STREET ADDRESS (NO PO. BI	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO PO BI	(XC)				Д		
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuati	ion sheets if n	necessary	

Campaig	n Disclosur	e Statement
Summar	y Page	

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

| Statement covers period | 102/18/2007 | CALIFORNIA | 460 | FORM | 460 | CALIFORNIA | 46

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE			through _	03/05/2007	Page of	
NAME OF FILER Jan Pingleton					ID. NUMBER 1291933	
Contributions Received	COlumn A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column CALENDAR' TOTAL TOD	YEAR		ear Summary for Candidates Both the State Primary and	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schodule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0.00}{739.00}	s 30	024.00 0.00 024.00 0.00 024.00	20. Contributions Received \$	\$	
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E. Line 3 Add Lines 8 + 9 + 10	\$ 0.00 \$ 1783.98 0.00 0.00	s 89	987.88 0.00 987.88 0.00 0.00 987.88	Candidates 22. Cumulati	Summary for State ve Expenditures Made* to Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	739.00 0.00 1783.98	To calculate Colu amounts in Colun corresponding ar from Column B o report. Some am Column A may be figures that shoul subtracted from period amounts. the first report be	nn A to the mounts f your last counts in e negative ld be previous If this is	*Amounts in this section reported in Column B.	\$may be different from amounts	
17. LOAN GUARANTEES RECEIVED	\$ 0.00	for this calendar carry over the ar from Lines 2, 7, a any).	year, only nounts	FPPC Toll-Free Helpli	FPPC Form 460 (January/ ine: 866/ASK-FPPC (866/275-37:	

Schedule A		Type or print in ink.			SCHEDULE			
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from02/18/2007			FORNIA DRM	460
				through03/	05/2007	Page	4 0	6
	DNS ON REVERSE			oug.				
NAME OF FILER						I.D. NL		
Jan Pingle	eton					12919	33	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. 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	TOI	ECTION DATE DUIRED)
2/11/2007	Lisa Elliott 958 Alta Vista Drive Altadena, CA 91001	☑IND □COM □OTH □PTY □SCC	Deputy City Attorney City of Los Angeles	25.00	25.00			25.00
2/20/2007	Gerald Redus 284 E. Montana Street Pasadena, CA 91104	IND COM OTH PTY	None given N/A	100.00	100.00			100.00
2/20/2007	Sole Teramae 267 Penn Street Pasadena, CA 91104	☑IND □COM □OTH □PTY □SCC	None given N/A	40.00	40.00			40.00
2/27/2007	Elizabeth Trussell 3780 Canfield Road Pasadena, CA 91107	☑IND □COM □OTH □PTY □SCC	Attorney Citibank	250.00	250.00			250.00
2/27/2007	Diana Peterson-More 330 Marham Place Pasadena, CA 91105	ØIND □COM □OTH □PTY □SCC	Consultant self-employed	75.00	75	.00		75.00
			SUBTOTAL	490.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			0.00	IND- COM	(other		r SCC)
	ceived this period – unitemized monetary contribution etary contributions received this period.	s of less than	\$100\$	720.00	PTY	– Politica		

3. Total monetary contributions received this period.

739.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement cov	schedule a (CONT.) CALIFORNIA 460			
				through03/0	5/2007			6
NAME OF FILER						I.D. NL	IMBER	
Jan Pingle	ton					1291	933	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \(\) (JAN: 1 - DEC	/EAR	то	LECTION DATE QUIRED)
2/27/2007	Eric Winter P.O. Box 3702 South Pasadena, CA 91031	☑IND □COM □OTH □PTY □SCC	none given self-employed	249.00	249	.00		249.00
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 249.00				

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Schedule	Ε
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jan Pingleton

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period	CALIFORNIA ACO
from 02/18/2007	FORM 400
through03/05/2007	Page66
	I.D. NUMBER
	1291933

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions meetings and appearances CNS campaign consultants
CTB contribution (explain nonmonetary)* MTG campaign workers' salaries t.v. or cable airtime and production costs office expenses SAL PET TEL CVC civic donations petition circulating FIL candidate filing/ballot rees fundraising events
IND independent expenditure supporting/opposing others (explain)* candidate travel, lodging, and meals phone banks PHO POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF VOT voter registration PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) print ads campaign literature and mailings LΠ

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT		AMOUNT PAID
Unison Color Printing 515 S. Palm Ave., #4 Alhambra, CA 91803	LIT	Mailers		1547.98
Susan G. Komen Race for the Cure	cvc	Civic donation/charity		100.00
Christine Leon	OFC	Office Supplies/food		136.00
* Payments that are contributions or independent expenditures must als	so be summarized on S	chedule D.	SUBTOTAL\$	1783.98
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subt	otals.)		\$	1783.98
2. Unitemized payments made this period of under \$100			\$	0.00
3. Total interest paid this period on loans. (Enter amount from Sched	ule B, Part 1, Column	(e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter he				1783.98

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