Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink	Reck. Reck.	COVER PAGE CALIFORNIA 460 N -6 P3:07
SEE INSTRUCTIONS ON REVERSE	Statement covers period from January 23, 2011 through	Date of election if applicable: (Month, Day, Year)	Page 1 of 6 For Official Use Only F PASADET
State Candidate Election Committee Recall (Also Compiste Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Princeholder Committee Also Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☑ Amendment (Explain below) Figures needed to be recalcula	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Allen Shay for City Council 2011 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CC		Treasurer(s) NAME OF TREASURER SUSSAINA CAMPOS MAILING ADDRESS CITY PASAGENA NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP CODE AREA CODE/PHONE CA 91101
Pasadena CA 91101 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO	OX	MAILING ADDRESS	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the lews of the State of California.		OPTIONAL: FAX / E-MAIL ADDRESS	ne altached schedules is true and complete. I certify
Executed on	BySig	Sphanus of Trebedder of Aspetlant Treasurer ing Officeholder, Candidate, Shite Measure Proponent or Responent or Responen	poponent
Case	sg	g islant e or commoning Officerrolleer, Candidake, Sibile Measure Pré	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ba					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	NAME OF BALLOT MEASURE				
Allen Shay							
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	· - · · ·	SUPPORT		
Pasadena City Council District 4 20	011				OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	(densité de la contraction	er l l.l	42.1.			
	Pasadena, Ca 91101			indidate, or state measure	proponent, if		
		NAME OF OFFICEHOLDER, (CANDIDATE, OR P	ROPONENT			
	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY		
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca					
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidat	e(s) for which th	is committee is primarily for			
			e(s) for which th		med. ☐ SUPPO		
COMMITTEE ADDRESS STREET ADDR	YES NO	officeholder(s) or candidat	e(s) for which the	is committee is primarily for	SUPPO		
COMMITTEE ADDRESS STREET ADDR	YES NO P.O. BOX)	officeholder(s) or candidat NAME OF OFFICEHOLDER O	e(s) for which the R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR		
COMMITTEE ADDRESS STREET ADDR	YES NO ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate	e(s) for which the R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOSION OPPOSI		
COMMITTEE ADDRESS STREET ADDR	TYES NO ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE?	officeholder(s) or candidat NAME OF OFFICEHOLDER O	e(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOI		
COMMITTEE ADDRESS STREET ADDR CITY ST COMMITTEE NAME NAME OF TREASURER	TYES NO ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE? YES NO	officeholder(s) or candidate NAME OF OFFICEHOLDER OFFIC	e(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPO		
COMMITTEE ADDRESS STREET ADDR CITY ST COMMITTEE NAME NAME OF TREASURER	TYES NO ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE?	officeholder(s) or candidate NAME OF OFFICEHOLDER OFFIC	e(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOSI		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period from inverse 23, 2011

through included 19, 2011

T

Allen Shay					1336572
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TODATE	Running in Both the	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 100.00	\$	650.00	General Elections	
2. Loans Received Schedule B, Line 3	5000.00		15000.00	1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 5100.00	\$	15650.00	20. Contributions Received \$	100.00 _{\$} 650.00
4. Nonmonetary Contributions	0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5100.00	s	15650.00	Made \$	5000.00 \$ 13367.55
Expenditures Made	5000.00		40007.55	Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$	\$	13367.55	Candidates	
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5000.00	\$	13367.55	(If Subject to	Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		0.00	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment			13367.55	(IIIIII/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$ 3000.00	\$	13367.33		. \$
Current Cash Statement					\$
12. Beginning Cash Balance Provious Summary Page. Line 16	\$		calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	0.00		nounts in Column A to the rresponding amounts	*Amounts in this acction m	ay be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	reported in Column B.	ay be unlerent normaniounts
15. Cash Payments	0.00	Cd	oort. Some amounts in Numn A may be negative		
16. ENDING CASH BALANCE Add I ines 12 + 13 + 14, then subtract Line 15	\$ 3534.02		ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is	Ì	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only rry over the amounts	ļ	
Cash Equivalents and Outstanding Debts	0.00		m Lines 2, 7, and 9 (if y).		
18. Cash Equivalents See instructions on reverse	\$	l			
19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above	\$ 5000.00			FPPC Toll-Free Helplin	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cov	CALIFO		FORNIA ORM		
SEE INCTINCT	ONS ON REVERSE			through Februa	ary 19, 2011	Page	4 of	6	
NAME OF FILER Allen Sha						1.D. NI 13365			-
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-ENPLOYED, EN LERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TOE	ECTION PATE (UIRED)	
2/8/2011	Janyce Valentine Pasadena, Ca 91107	DIND COM OTH PTY SCC	Woods and Valentine Mortuary/Morgue Attendant	100.00	100	.00		100.00)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND☐COM☐OTH☐PTY☐SCC							_
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							_
			SUBTOTAL	\$ 100.00					i i
Schedule	A Summary				i i	tributor C			=
	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	100.00			ent Committe		
	eceived this period – unitemized monetary contribution					Other	than PTY or (e.g., busine		
3. Total mon	etary contributions received this period. is 1 and 2. Enter here and on the Summary Page, Colu			100.00	scc	FPPC	Form 460 (January/05	
				FPPC	Toll-Free Helpline	: 866/AS	K-FPPC (86	0/2/5-3/72	ı

	7	Type or print in i	ink	_			SCHE	EDULE B - PART 1
Schedule B - Part 1	Amounts may be rounded			Statement cov	•	CALIFORNIA ACO		
Loans Received	to whole dollars.				from January	23, 2011	FORM 400	
				-	Februa	ry 19, 2011	Page 5	. 6
SEE INSTRUCTIONS ON REVERSE					through 1 Colum	119 13, 2011	rage	of
NAME OF FII FR							I.D. NUMBER	
Allen Shay							1336572	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEF, ALSO ENTERID, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(2) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(h) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Allen Shay	Shay and Associates			☐ PAID				CALENDAR YEAR
و مسعور ک	,			s0.00	s0.00	0 %	s 5000.00	s 15000.00
Pasadena, CA 91101		İ		FORGIVEN		RATE	'	PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s_5000.00	s 5000.00	s_5000.00	DATE DUE	s0.00	DATE INCURRED	s_15000.00
				PAID				CALENDAR YEAR
				s	. s	%	s	\$
				FORGIVEN		RAIE		PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID			1	CALENDAR YEAR
				\$FORGIVEN	s	RATE %	\$	\$PERELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		5	5	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	5000.00	5000.00	0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	5000.00			
(Total Column (b) plus unitemized loans		***************************************				(†c	Contributor Codes	
O Loope held as fermions this posted				œ	5000.00	IN	D-Individual	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100		***************************************		🗘		C	OM Reciplent Co other than f	mmittee PTY or SCC)
(Include loans paid by a third party that	. ,	ule A.)					TH - Other (e.g.,	business entity)
3. Net change this period. (Subtract Line	2 from Line 1.)			NET \$	0.00		ΓY – Political Party CC – Small Contrib	
Enter the net here and on the Summar	y Page, Column A, Line 2.			(1	May be a negative number)			

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVENSE NAME OF FILER Allen Shay		through February 19, 2011	Page 6 of 6 I.D. NUMBER 1336572
CODES: If one of the following codes accurately describes CMP campaign paraphemalla/misc. CMS campaign consultants CTB contribution (explain nonmonotary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	the payment, you may enter the code. Otherways member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airlime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production TRC candidate travel, lodging, and Staff/spouse travel, lodging, and	uction costs meals and meals of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTERLD NUMBER)	CODE C	DESCRIPTION OF PAYMENT		AMOUNT PAID
Allen Shay Pasadena, CA 91101	LIT			5000.00
* Payments that are contributions or independent expenditures must also b	e summarized on So	chedule D.	SUBTOTAL\$	5000.00
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals	s.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	5000.00
2. Unitemized payments made this period of under \$100		••••	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule	B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here a	TOTAL \$	5000.00		

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