Type or print in	ink.	RECEIVED CALIFORNIA 460 FORM		
Statement covers period	Date of election if applicable: (Month, Day, Year)	72 JL 31 P5	Page 1 of 4  For Official Use Only	
through06-30-11	03-08-11	CITY CLERK	NA/84	
omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	<del>(11 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>		
Committee  Controlled  Sponsored  Also Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee	☐ Termination Statement (Also file a Form 410 T  Amendment (Explain b Schd. I included to ca	Specific Specific Supermination) State State State Specific State State Specific Spe		
	Treasurer(s)			
	Quincy B. Hocutt MAILING ADDRESS	**************************************		
	CITY	STATE ZIP	CODE AREA CODE/PHONE	
	Pasadena			
ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU			
	Steve Madison			
ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE	
	Pasadena		05 626-396-1537	
ia that the foregoing is true and correct.  By  By	Signature of Treasurer of Avsistan Sontrolling Officeholder, Candidate, State Measurer Signature of Controlling Officeholder, Candidate,	nt Treasurer reponent or Responsible Officer of Sponse State Measure Proponent		
FOX FOX IS IN THE PROPERTY OF	Statement covers period from	from	Statement covers period from	

CALIFORNIA 460

Page 2 of 4

Officeholder or Candidate Controlled	ι Committee	6. Primarily Formed Ra	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	ed Ballot Measure Committee			
Steve Madison		NAME OF BALLOT MEASURE				
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ND DISTRICT NUMBER IS ASSESSED.					
ON THE ENGLISH OF THE ENGLISH AND THE ENGLISH AND THE ENGLISH OF T	NO DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	ION	☐ SUPPORT	
City Council Member - District 6 - Pasa	dena, California				OPPOSE	
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP					
105 Chateau Road	Pasadena CA 91105	Identify the controlling officeholder, candidate, or state measure proponent, if				
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in	this Statement: Listery committee					
of included in this statement that are controlle	d by you or are primarily formed to reasting	OFFICE SOUGHT OR HELD		I Buorna		
contributions or make expenditures on behalf o	of your candidacy.	SKILLED SKILLED		DISTRICT N	D. IF ANY	
OMMITTEE NAME	I.D. NUMBER					
	I.D. NOWIDER					
	•					
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca	ndidate/Offi	ceholder Committee	List names of	
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca officeholder(s) or candidate	ndidate/Offi	ceholder Committee is committee is primarily fo	List names of med.	
	YES NO	officenoider(s) or candidate	(s) for which th	nis committee is primarily fo	rmed.	
IAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	YES NO	7. Primarily Formed Ca officeholder(s) or candidate	(s) for which th	ceholder Committee ais committee is primarily for OFFICE SOUGHT OR HEL	rmed.	
OMMITTEE ADDRESS STREET ADDRESS	NO P.O. BOX)	officenoider(s) or candidate	(s) for which th	nis committee is primarily fo	rmed.	
COMMITTEE ADDRESS STREET ADDRESS	YES NO	officenoider(s) or candidate	R CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE	
OMMITTEE ADDRESS STREET ADDRESS	NO P.O. BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	nis committee is primarily fo	SUPPORT OPPOSE	
OMMITTEE ADDRESS STREET ADDRESS  ITY STATE	NO P.O. BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE	
OMMITTEE ADDRESS STREET ADDRESS  ITY STATE	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	Support OPPOSE  Support OPPOSE  Support OPPOSE	
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COMMITTEE ADDRESS STREET ADDRESS  STATE  COMMITTEE NAME  LAME OF TREASURER	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OF	(s) for which the	OFFICE SOUGHT OR HEL  OFFICE SOUGHT OR HEL  OFFICE SOUGHT OR HEL	Support OPPOSE  Support OPPOSE  Support OPPOSE  Support OPPOSE  Support OPPOSE	
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COMMITTEE ADDRESS STREET ADDRESS  STATE  COMMITTEE NAME  LAME OF TREASURER	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OF	(s) for which the	OFFICE SOUGHT OR HEL  OFFICE SOUGHT OR HEL  OFFICE SOUGHT OR HEL	O SUPPORT OPPOSE O SUPPORT OPPOSE O SUPPORT OPPOSE O SUPPORT OPPOSE	

## 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
 CALIFORNIA FORM
 460

 through
 06-30-11
 Page
 3 of
 4

 I.D. NUMBER
 983498

SUMMARY PAGE

Friends of Steve Madison for City Council 2011					983496
Contributions Received		Column A TOTAL THIS PERIOD MATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
. Monetary Contributions Schedule A, Line 3	\$	51,053.00 55,000.00	\$	124,001.00 55,000.00	1/1 through 6/30 7/1 to Date
Loans Received Schedule B, Line 3  SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	106,053.00	\$	179,001.00 568	20. Contributions Received \$\$
Nonmonetary Contributions Schedule C, Line 3		568 106,621.00	\$	179,569.00	21. Expenditures  Made \$ \$
Expenditures Made  5. Payments Made Schedule E, Line 4	\$	82,174.69	\$	181,699.06	Expenditure Limit Summary for State Candidates
7. Loans Made		0.00 82,174.69	\$	0.00 181,575.73	22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	_	24,363.25 5,157.07		24,363.25 5,157.07	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	\$_	111,695.01	\$	211,096.05	\$
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 CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	-	9,671.03 106,053.00 3,778.30 82,174.69 37,327.64	an con fre con fin s p	o calculate Column B, add mounts in Column A to the prresponding amounts om Column B of your last sport. Some amounts in folumn A may be negative gures that should be ubtracted from previous eriod amounts. If this is ne first report being filed	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ .	0.00	_ (	or this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents		0.00 55,000.00	. 6	any).	FPPC Form 460 (Januar FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
			00.00.10	TORM	
SEE INSTRUCTION NAME OF FILER	S ON REVERSE		through	Page4 of4	
Friends of St	eve Madison for City Council 2011			I.D. NUMBER 983498	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
03-28-11	Arroyo Properties, LLC 492 West Foothill Blvd. Claremont, CA 91711	Return of securi Headquarters - A	ity deposit on Campaign Arroyo Boulevard, Pasadena,	2,500.00	
05-27-11	Milner Butcher Media Group, LLC 2056 Cotner Avenue Los Angeles, CA 90025	Refund of unuse 2-7-11 through 3	ed fees for Cable campaign of 3-7-11	164.00	
05-02-11	AT & T account JP MOrgan Chase Bank, N.A. Syracuse, New York	Return of over Campaign HQ	Return of over payment for phone usage at Campaign HQ		
05-02-11	Rush Computer Rental/Electro Rent PO Box 514728 Los Angeles, CA 90051	Return of overp assets	Return of overpaymet for rented computing assets		
04-08-11	United States Postal Service Accounting Center, 2825 Lone Parkway Eagan, MN 55121	Return of depos Headquarters	Return of deposit on mailbox at Campaign Headquarters		
Attach add	itional information on appropriately labeled continuation sheets.	•	SUBTOTAL	\$ 3,651.88	
Schedule	Summary				
1. Itemized i	ncreases to cash this period.		\$\$ 3,651.8	8	
2. Unitemized increases to cash of under \$100 this period\$\$				2	
	I interest received this period on loans made to others. (Sche		\$\$	0	
4. Total miso Summary	cellaneous increases to cash this period. (Add Lines 1, 2, ar Page, Line 14.)	nd 3. Enter here and on the	TOTAL \$ 3,778.3	0	
				FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)	