Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Type or print in in SIB $\frac{2}{3}$ $\frac{3}{11}$ $\frac{3}{11}$ Statement covers period from $\frac{2}{3}$ $\frac{3}{11}$ through $\frac{1}{2}$ $\frac{2}{3}$ $\frac{11}{11}$	Date of election if applicable: (Month, Day, Year)	RECEIVED 11 SEP 26 P3:04	CALIFORNIA 460 2001/02 FORM  Page of For Official Use Only
State Candidate Election Committee     Recall     (Also Complete Part 5)      General Purpose Committee     Sponsored     Small Contributor Committee     Political Party/Central Committee	Sallot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	t Speci	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
COMMITTEE NAME (ORCANDIDATE SNAME IF NO COMMITTEE)  JULY CT - 20  STREET ADDRESS (NO P.O. BOD)  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS  WALLOW C MCCOLD DO	20 ver Cely Counce	MAILING ADDRESS CITY NAME OF ASSISTANT TREASH MAILING ADDRESS CITY  OPTIONAL: FAX / E-MAIL ADDI	RESS A	laub  AREA CODE/PHONE  3 626/577-7052  AREA CODE/PHONE  04 626/755-0006  Outer with
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State  Executed on Date  Executed on Date  Executed on Date	of California that the foregoing is true ar  By	ad correct.	ponent or Responsible Officer of Sponsor	FPPC Form 460 (June/01) C Toll-Free Helpline: 866/ASK-FPPC State of California

**Recipient Committee** CALIFORNIA FORM Campaign Statement Cover Page — Part 2 Page \_\_\_\_ 5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committee OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily/formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
OPPOSE NAME OF TREASURER CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE YES ☐ NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

Type or print in ink.

Attach continuation sheets if necessary

COVER PAGE - PART 2

Campaign Disclosure Statement	Type or print in ink.				SUMMARY PA	٩GE
Summary Page	Amounts may be round to whole dollars.	iea		ent covers period	CALIFORNIA 460	n
			from _O	2/20/11	FORM TO	•
			,	50 192 111	1 1	
SEE INSTRUCTIONS ON REVERSE			through _	27/W/II	Page of	-
NAME OF FILER	D-1-0	11211	,	1	I.D. NUMBER	
James D. Swith lo Casadona (	ale wunceld	wirig 1	-dol	<i>l</i>	1336215	
Contributions Received	Column A  TOTAL THIS PERIOD  (FROM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO DA	EAR ATE	Running in Both th	mary for Candidates e State Primary and	
1. Monetary Contributions	s 1.942	s <u>11.39</u>	2	General Elections		
2. Loans Received Schedule B, Line 3	, <del>-</del>	-6-		1/1 th	rough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS	1942	. 11.39	2	20. Contributions		
4. Nonmonetary Contributions	* * * * * * * * * * * * * * * * * * *	-6		Received \$		
5. TOTAL CONTRIBUTIONS RECEIVED	1962	11 29	2	21. Expenditures Made \$	\$	
5. TOTAL CONTRIBUTIONS RECEIVED	* 1, 1, 1, 2	*			· · · · · · · · · · · · · · · · · · ·	
Expenditures Made	22.0			Expenditure Limit S	Summary for State	
6. Payments Made Schedule E, Line 4	s 2829	s 1235	C. ())	Candidates	,	
7. Loans Made Schedule H, Line 3	`~~	<del></del>				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	s 2329	s 123	59		e Expenditures Made* Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)	<del>70</del>	18	00	Date of Election	Total to Date	
10. Nonmonetary Adjustment		7.0	_	(mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE	\$ 2829	. 135	59		•	
TI. TOTAL EXPENDITORES WADE	3 4 7 5 1	*			_ \$	
Current Cash Statement	2 00 1				_ \$	_
12. Beginning Cash Balance Previous Summary Page, Line 16	s < 554>	To calculate Colum	nn Badd	, ,	. /	
13. Cash Receipts Column A, Line 3 above	1942	amounts in Colum	n A to the		- \$	_
14. Miscellaneous Increases to Cash Schedule I, Line 4	2	corresponding am from Column B of			. \$	
15. Cash Payments Column A, Line 8 above	2.829	report. Some amo	ounts in			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	s/1.441>	Column A may be figures that should		<i></i>	\$	
If this is a termination statement, Line 16 must be zero.	· <del>\</del>	subtracted from p		, /,	¢	
II this is a termination statement, time to must be 2610.		period amounts. It the first report being			_ V	_
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	s _ <del></del>	for this calendar y carry over the am	ounts		Amounts in this section may be	e
Cash Equivalents and Outstanding Debts		from Lines 2, 7, ar any).	nd 9 (if	different from amounts re	oorted in Column B.	
18. Cash Equivalents	\$	arry).	1			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	s 1,200			FPPC To	FPPC Form 460 (June/ II-Free Helpline: 866/ASK-FP	

Schedule A Monetary	A Contributions Received	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cov		SCHEDULE A CALIFORNIA 460 FORM
SEE INSTRUCTION NAME OF FILER	0 00 0	Eit Cor	uncil District 1	through 9/23	. "	Page 1 of 3  I.D. NUMBER  1336215
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INCIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
2/14/11	TowiTrivers 220 Calle Bobro Oceanside 049 2057	COM COM OTH PTY SCC	Educator	100	,	_
2   22   11	Louis B. Smith Ir. 222 N.33rd St. #703 Hilwarkee WI 53200	COM COM OTH PTY SCC	Student	50°		_
2/21/11	Michelled Bart Handerson 1511 President. Long Viol 9x 75604	COM COM OTH PTY SCC	Consultants	100		_
2 124) (1	Harriet Mc Ginley 1191 E. Hendociub Altadone CA 91001	COM COM OTH PTY SCC	Retired	2500		_
2125/11	Christophor Reck 1211 Romy A. Pasadana CA 91105	MIND ☐COM ☐OTH ☐PTY ☐SCC	Architat	d ve co	,	
		The second section of the second section of the second section of the second section s	SUBTOTAL \$	4755		
(Include all 2. Amount rec 3. Total mone	A Summary  ceived this period – contributions of \$100 or more.  Schedule A subtotals.)  ceived this period – uniternized contributions of less that tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colur	an \$100	\$	1850 '92 1942	IND – II COM – OTH – PTY – I SCC –	Political Party Small Contributor Committee FPPC Form 460 (June/01)
					FPPC Toll-F	Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or pri Amounts may to whole o	be rounded	Statement covers period			SCHEDULE A (CONT.)  CALIFORNIA 460  FORM	
NAME OF FILER					through <u>9/23</u>	/il	Page .	
James Friler	s D. Amith	los Vasadina	City C	vencil District	1-2011			136215
DATE RECEIVED		RESS AND ZIP CODE OF CONTRIBUTOR EE, 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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Z/28/11	JDS\$ 154 1725 S AVCa	ociates Baldwin dia 91007	COM COM OTH PTY SCC	Daveloper	6000			
3/2/11	Marsha	V. Rood Madisin #302	COM COM OTH PTY SCC	Retired	10000			
3/2/11	Thing of	Baldwin	DAND COM OTH PTY Scc	Cruboltant	9900			
3/5/11	Emina 1 1044 Pro	Jarakjy zpecty osadona 91103	DIMID COM	Homemaker	150=			
3/5/11	Salmia	, ,	DAND COM OTH PTY SCC	Student	100			
				SUBTOTAL	1649			

\*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)

Monetary  NAME OF FILER	A (Continuation Sheet) Contributions Received	Type or print Amounts may to whole o	be rounded lollars.	Statement cover from 2 20 through 2 2	4 '	Page 1	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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	D DATE 'EAR	PER ELECTION TO DATE (IF REQUIRED)
3/4/11	Michael Hontore 1744 Grand Kreff 7 Long Beach cf 90804	DMD	Brogram Mgr.	150			
4/14/11	Bouglan Bonsse Wub 1142 Armada D. Pasadoxer 91103	DIND COM OTH PTY Scc	Retired	103"			
2/26/11	Walt jackson Chatronatt. Pasadena 91103	DIND COM OTH PTY Scc	Retired	1000			
3 <i>(</i> 21/11	The Castle Press 1222 N. tan Oaks AVO Pasadena 91103	COM COM OTH PTY SCC	Refund _	2312			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	<b>\$</b> 326			

\*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 E	Type or print		Statement covers period CALL	FORNIA 460
Payments Made	Amounts may b		9 19 ~ /11 E	FORNIA 460
			from 2/20/11	
SEE INSTRUCTIONS ON REVERSE			through 9/23/11 Page	1 .2
NAME OF FILER				UMBER
James D. Smith for asade is	1	ouncil britist	1-2011 13	36215
CODES: If one of the following codes accurately describe			,	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member com MTG meetings and	munications d appearances	RAD radio airtime and production costs RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expen	ses	SAL campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks		TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals	sts
FND fundraising events	POL polling and s	survey research	TRS staff/spouse travel, lodging, and mea	
ND independent expenditure supporting/opposing others (explain)* LEG legal defense		ivery and messenger services services (legal, accounting)	TSF transfer between committees of the s VOT voter registration	ame candidate/sponsor
LIT campaign literature and mailings	PRT print ads	, , , , , , , , , , , , , , , , , , ,	WEB information technology costs (internet	, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE OR DES	CRIPTION OF PAYMENT	· AMOUNT PAID
Erika Cavdenas 954 N. Summit Paradene CA	9tho/u	CNS		1500
To provide the state of the sta	11104			
Oscar Guerrero Bunglas St. Paradena Col	91104	SH		300
Goddady com	·	Web		53 00
* Payments that are contributions or independent expenditures	must also be summ	arized on Schedule D.	SUBTOTAL	\$ 185300
Schedule E Summary				
·	- F subtotolo \		•	29750
Itemized payments made this period. (Include all Schedule)				
2. Unitemized payments made this period of under \$100			\$	224
3. Total interest paid this period on loans. (Enter amount from				
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on th	ne Summary Page, Column A,	Line 6.) TOTAL \$ _	2829

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

Schedule E (Continuation Sheet) **Payments Made** 

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (CONT.) Statement covers period CALIFORNIA

FORM

I.D. NUMBER

1336.

NAME OF FILER

(I Council Diction 1, 2000

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG

campaign paraphernalia/misc. CNS CTB CVC campaign consultants contribution (explain nonmonetary)\* civic donations

condidate fling/ballot fees fundraising events independent expenditure supporting/opposing others (explain)\* FIL FND LEG

legal defense campaign literature and mailings

RAD radio airtime and production costs RFD returned contributions MBR member communications meetings and appearances SAL

office expenses petition circulating OFC PET campaign workers' salaries t.v. or cable airtime and production costs РНО phone banks candidate travel, lodging, and meals POL polling and survey research postage, delivery and messenger services TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF VOT professional services (legal, accounting) print ads PRO

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAY	MENT AMOUNT PAID
Globaling Communication	aul	172.00
Vanny's paid payage + defles of 1 E. crang Stone Abr. 5to 103 Dasadera, Ca 91103		((6.00
Church's Chicken 710 M. Fair Oaks ave Passoders, Ca. 91103	of ~	31.03
Baja Rand 475 E vary Gire Pasadona, Ca. 51104	FNd	103.00
,		

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC