Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)				ED G	ALIFORNIA 460		
(Government Code Sections 64200-64210.3)	Statement covers period from1/1/12	Date of election if applicable (Month, Day, Year)	2 JUL 17 /	18:54 P	age1 of5 For Official Use Only		
SEE INSTRUCTIONS ON REVERSE		CITY CLEIC CITY OF PASA	X DENA				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Composered Viso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Viso Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	ermination)	Special O	Statement Odd-Year Report ental Preelection t - Attach Form 495		
	6 626.796.5401 ox	Treasurer(s) NAME OF TREASURER TETRY E. TOTNEK MAILING ADDRESS 646 S. Hudson Avenue CITY Pasadena NAME OF ASSISTANT TREASU MARIA TOTNEK MAILING ADDRESS 646 S. Hudson Avenue CITY Pasadena OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA	ZIP CODE 91106 ZIP CODE 91106	AREA CODE/PHONE 626.796.5401 AREA CODE/PHONE 626.796.5401		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California T/16/12 Executed on T/16/12 Executed on Date Executed on Date Executed on Date	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candida	Treasurer poponent or Responsible Officer tate Measure Proponent	r of Sponsor	s true and complete. I certify		

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORNIA DRM	460					
Page _	2	of5					

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	<u>-</u>		
Terry Tornek						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	ON	SUPPORT OPPOSE
Pasadena City Council, District 7						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE	ZIP				
646 S. Hudson Avenue F	Pasadena CA 9	1106	Identify the controlling off	iceholder, ca	ndidate, or state measu	re proponent, if a
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT	
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					-
NAME OF TREASURER	CONTROLLED COMMITTE		Primarily Formed Can			
NAME OF TREASURER	CONTROLLED COMMITTE		Primarily Formed Cand			
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	E?) for which thi		formed.
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	E? 	officeholder(s) or candidate(s) for which thi	s committee is primarily i	formed.
	YES NO	E?	officeholder(s) or candidate(s) for which thi	s committee is primarily i	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	E?	officeholder(s) or candidate(s)) for which thi	S committee is primarily to	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	PHONE	officeholder(s) or candidate(s)) for which this	S committee is primarily to	formed. LD SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO NO P.O. BOX) ZIP CODE AREA CODE	PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C) for which this	OFFICE SOUGHT OR HE	formed. LD SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO NO P.O. BOX) ZIP CODE AREA CODE	/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	formed. LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE I.D. NUMBER	/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	formed. LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE I.D. NUMBER CONTROLLED COMMITTE YES NO	/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	formed. LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX) ZIP CODE AREA CODE I.D. NUMBER CONTROLLED COMMITTE YES NO	/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	formed. LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD 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.

Terry Tornek for City Council 2013					1313179			
Contributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3	\$	0	\$	0				
2. Loans Received Schedule B, Line 3		0		21,500	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0	\$	21.500	20. Contributions Received \$ \$			
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21 Evpenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	* \$0		\$	21,500	Made \$ \$			
Expenditures Made					Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$		\$	284	Candidates			
7. Loans Made Schedule H, Line 3		0		0	22. Cumulative Expenditures Made*			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	284	(If Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)		0		0	Date of Election Total to Date (mm/dd/yy)			
10. Nonmonetary Adjustment Schedule C, Line 3		0			(тип/аа/уу)			
11. TOTAL EXPENDITURES MADE	\$	284	\$	284	\$			
Current Cash Statement					\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add				
13. Cash Receipts Column A, Line 3 above		0		nounts in Column A to the responding amounts	**			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.			
15. Cash Payments Column A, Line 8 above		284	Co	olumn A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	254		ures that should be btracted from previous				
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for ca	this calendar year, only rry over the amounts				
Cash Equivalents and Outstanding Debts		_	fro an	m Lines 2, 7, and 9 (if y).				
18. Cash Equivalents See instructions on reverse	\$			··				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	21,500			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)			

	Type or print in ink.				SCHEDULE B - PART 1					
Schedule B – Part 1	Amounts may be rounded				Statement co	vers period	CALIFORNIA 460			
Loans Received to whole dollars.					from1	/1/12				
SEE INSTRUCTIONS ON REVERSE					through	6/30/12	Page4	of5		
NAME OF FILER							I.D. NUMBER			
Terry Tornek for City Council 2013							1313179			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Terry E. Tornek 646 S. Hudson Avenue Pasadena, Ca. 91106	Real Estate Investor Hudson Properties, LLC			PAID \$ FORGIVEN	0 \$ 21,500	O%	s 10,000	s 21,500 PER ELECTION**		
†☑IND □ COM □ OTH □ PTY □ SCC		\$\$1,500	s0	\$	0 12/31/12 DATE DUE	s	10/23/08 DATE INCURRED	\$		
				\$ FORGIVEN	s	RATE %	\$	CALENDAR YEAR \$ PER ELECTION **		
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	s		
				PAID		94		CALENDAR YEAR		
				FORGIVEN		RATE		PER ELECTION **		
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s		
		SUBTOTALS \$	0 9	\$	0 \$ 21,500					
Schedule B Summary					(Enter (e) on Schedule E, Line 3)					
Loans received this period (Total Column (b) plus unitemized loans				\$ _	0	- (t0	Contributor Codes	1		
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that				- CC	IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business enti PTY – Political Party					
Net change this period. (Subtract Line Enter the net here and on the Summar;		_		NET \$ _	(May be a negative number)	. sc	CC – Small Contrib	outor Committee		
*Amounts forgiven or paid by another party also to ** If required.	must be reported on Schedule A.						FPPC Form	460 (January/05)		

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

Schedule E Payments Made	Type or prir Amounts may to whole o	be rounded		Statem	ent covers period 1/1/12	CALIF FO	460		
SEE INSTRUCTIONS ON REVERSE				through _	6/30/12	Page _	<u>5</u> o	of	
NAME OF FILER				_		I.D. NUI			
Terry Tornek for City Council 2013						13131	79		
CODES: If one of the following codes accurately described CMP campaign paraphenalia/misc. CNS campaign consultants contribution (explain nonmonetary)* cVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circ. PHO phone banks POL polling and experiments POS postage, del	nmunications ad appearances ases ulating	r services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	be the payment. airtime and production ned contributions aign workers' salaries cable airtime and prod date travel, lodging, an spouse travel, lodging, er between committeer registration nation technology costs	luction cost d meals and meals s of the sa	me candi	date/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	SCRIPTION OF PA	YMENT		АМО	OUNT PAID	
Political Data Inc. PO Box1706 Burbank, CA. 91507		On-	Line Data					\$250	
* Payments that are contributions or independent expenditures	must also be summ	arized on Schedul	e D.		SU	BTOTAL \$;	250	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$		250	
2. Unitermized payments made this period of under \$100						æ		34	

0

284

SCHEDULE E