C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)	Type or print in	Date Stamp	2 12 17 17 27 28 28	IFORNIA 460	
	E INSTRUCTIONS ON REVERSE	Statement covers period 02/20/2011 through	Date of election if applicable: (Month, Day, Year) 03/08/2011	JUL 27 2 CITY OLEHKS CITY OF GLEI	OFFICE	1 of 7
1.	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee 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 (Also file a Form 410 Te	C C crmination)	Quarterly State Special Odd-Y Supplemental	ear Report
3.			Treasurer(s) NAME OF TREASURER Douglas F. Tessitor MAILING ADDRESS CITY Glendora	STATE CA	ZIP CODE 91740	AREA CODE/PHONE
	Glendora CA 9174 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	11	NAME OF ASSISTANT TREASUR			
	CITY STATE ZIP C Glendora CA 9174 OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	STATE ESS	ZIP CODE	AREA CODE/PHONE
	Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on	ByByByByByByBy	owledge the information countained here introlling Officeholder Candidale, Ste	«sponsible Officer of		and complete. I certify
	Dale	Ву	Signature of Controlling Officeholder, Candidate, Sta	ile Messure Proponent		

	COVER	PAG	E-PART2	
	FORNIA DRM	2	160	
0	2	~£	7	

Officeholder or Candidate Control	ired Committee	0.	Fridarily Formed Bal	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Douglas F. Tessitor								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	•	BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT	
Councilmember City of Glendora						(OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP	•						
	Glendora, CA 91741		Identify the controlling of	fficeholder, ca	indidate, or si	tate measure	proponent, if	
		•	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT			
	in this Statement: List any committees tolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY	
COMMITTEE NAME	I.D. NUMBER	•				<u> </u>		
COMMITTEE NAME	I.D. NUMBER	•						
	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Car					
		7.	Primarily Formed Car officeholder(s) or candidate(is committee is	primerity for		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.		(s) for which th	is committee is		med.	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? YES NO S\$ (NO P.O. BOX)	. 7.	officeholder(s) or candidate((s) for which th	is committee is	primerity for		
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES CITY STA	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	7.	officeholder(s) or candidate(s) for which th	OFFICE SOU	primerity for	SUPPOR	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? YES NO S\$ (NO P.O. BOX)	7.	officeholder(s) or candidate(s) for which th	OFFICE SOU	primerily for	med.	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES CITY STA	CONTROLLED COMMITTEE? YES NO S\$ (NO P.O. BOX)	. 7.	officeholder(s) or candidate((s) for which th	OFFICE SOU	primerily for	SUPPOR	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES CITY STA	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	(s) for which th	OFFICE SOU	GHT OR HELD	SUPPOR	
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IAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES STATEST ADDRESS COMMITTEE NAME IAME OF TREASURER	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) I.D. NUMBER CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE	

Campaign Disclosure Statement Summary Page

Type or print in Ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Re-elect Doug Tessitor To Glendora City Council 1251006 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 13032 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 750 5750 2344 18787 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ Received 0 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 18787 2344 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Expenditures Made **Expenditure Limit Summary for State** 18787 6. Payments Made Schedule E, Line 4 \$ 11296 **Candidates** 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 11296 18787 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (if Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date (mm/dd/yv) 10. Nonmonetary Adjustment Schedule C, Line 3 11296 18787 **Current Cash Statement** 8952 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B. add. 2344 amounts in Column A to the 13. Cash Receipts Column A. Line 3 above corresponding amounts 0 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 11296 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0 FPPC Form 480 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

SCHEDULE A

Monetary Contributions Received			is may be rounded whole dollars.		Statement covers period 02/20/2011		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE				30/2011	Page 4 of 7		
NAME OF FILER	A David David David Took A Communication					I.D. NU		
Committee	e to Re-elect Doug Tessitor To Glendora City Counci	ll	·			12510	906	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF GUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/03/2011	Cliff Hamlow 518 Calera Glendora, CA 91741	DIND COM OTH PTY SCC	Educator, Azusa Pacific Univ.	250	2	:50		
02/17/2011	John Hawkins 244 Silver Tree Rd. Glendora, CA 91741	☑IND □COM □OTH □PTY □SCC	Auto Dealer Metro Infiniti Monrovia, CA	250	2	:50		
		OTH SCC						
		IND COM OTH PTY SCC	W				-	
		☐!ND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL					
1. Amount re-	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	500	IND-			
	ceived this period – unitemized monetary contribution			1119			e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1619			ontributor Committee	

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

Schedule B Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement co	vers period	FORM 460		
SEE INSTRUCTIONS ON REVERSE				through06	/30/2011			
NAME OF FILER							I.D. NUMBER	
Committee to Re-elect Doug Tessitor To	Glendora City Council						1251006	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Douglas F. Tessitor	Retired		in .	PAID				CALENDAR YEAR
Glendora, CA 91741				3 5250	2 1	O %	\$	\$ PER ELECTION**
× × × × × × × × × × × × × × × × × × ×		5000	750	. 500	,			PER ELECTION**
TI IND □ COM □ OTH □ PTY □ SCC		1	3	\$	DATE DUE	\$	DATE INCURRED	\$
		† · · · · · · · · · · · · · · · · · · ·		PAID				CALENDAR YEAR
				\$	_	%	\$	s
				FORGIVEN		RATE		PER ELECTION **
TO IND COM OTH PTY SCC		1	\$	5	DATE DUE	\$	DATE INCURRED	\$
				PAID		-		CALENDAR YEAR
				s	- \$	RATE %	\$	\$ <u></u>
				FORGIVEN				PER ELECTION**
TO IND COM OTH PTY SCC		!	s	\$	DATE DUE	\$	DATE INCURRED	\$
	<u></u>	SUBTOTALS S	,	\$	\$	\$		
Schedule B Summary	· · · · · · · · · · · · · · · · · · ·			<u> </u>		(Enter (e) on Schedule E, Line	3)	
Loans received this period				\$	750			
(Total Column (b) plus uniternized loar	s of less than \$100.)	*****************				٠ (†Contributor Codes	,
2. Loans paid or forgiven this period				e	5250		IND - Individual	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party the	0 paid or forgiven.)					- 1	COM Recipient Co (other than I OTH Other (e.g., PTY Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1 \			NFT \$	-4500		SCC - Small Contrit	
Enter the net here and on the Summar	y Page, Column A, Line 2.	***************************************	*,*****************		(May be a negative number)			

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

** If required.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDU	JLE E ((CONT.)
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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do	Type or print in ink. Amounts may be rounded to whole dollars.			SCHEDULE E (CONT.) CALIFORNIA 460 FORM Page 6 of 7 I.D. NUMBER
CODES: If one of the following codes accurated compaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/battot fees fundraising events independent expenditure supporting/opposing others (clegal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s explain)* POS postage, deli	munications d appearance uses lating survey resear ivery and me	95	1251006 ent. action costs aries 1 production costs g, and meals ging, and meals nittees of the same candidate/sponsor costs (internet, e-mail)	
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER LD. NUME	E ER)	CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Creative Color Graphics		LIT	Printing and pos	tage for mailers	2285
Creative Color Graphics		LIT	Printing and Pos	tage, Mailers	1395

Mauricio's Mexican Restaurant	FND	Refreshments & Food for fund raising event	375

USPS Stamps for Fund raising letters POS 132

Costco Beverages for fund raising event FND

SUBTOTAL \$

4550

363

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)
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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print Amounts may be to whole do	e rounded		Statement covers period 02/20/2011 through 06/30/2011	CALIFOI FORI	
NAME OF FILER Committee to Re-elect Doug Tessitor To Glendora	a City Council	. _			I.D. NUMBE 1251006	ER
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain the campaign literature and mailings)	describes the payment, y MBR member com meetings and office expen PET petition circul PHO phone banks POL polling and s plain)" POS postage, deli	munications d appearance: aes lating survey researd lyery and mes	3	RAD radio airtime and producting returned contributions SAL campaign workers' satering two candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committed voter registration websites.	nt. ion costs ies production costs and meals ng, and meals tees of the sam	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER	ŋ	CODE C	PR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Lewis & Company, Covina, CA		CNS	Mailing List & Co	onsulting		356
lan Mac Gillivray, Portland, OR		PRO	Web site Design	and Graphic art for Mailers		590
Glendoran Magazine Glendora, CA		PRT	Print Ad			600
* Payments that are contributions or independent expenditure	s must also be summarized on	Schedule D	<u> </u>		SUBTOTAL \$	1546