Recipient Committee Campaign Statement Cover Page

Type or print in ink.

<u>Jecente</u> (

COVER PAGE

Date Stamp

CALIFORNIA 460

Cover Page						LOUIN -
Government Code Sections 84200-84216.5)	f	Statement covers period rom January 1, 2010	Date of election if applicable: (Month, Day, Year)	ITY CLERKS O SITY OF GLENE	Pag	pe 1 of 3 For Official Use Only
EE INSTRUCTIONS ON REVERSE	t	hroughJune 30, 2010	March 6, 2007		Maria de la companio	
. Type of Recipient Committee: All Con	nmittees Comp	ilete Parts 1, 2, 3, and 4.	2. Type of Statement:	度度計畫 医克尔克克 25 000 是 1200 克里克克斯克 46 000 用地外地區 特别的现在分 点的	MARKA W DANSE SANSKA SA	The state of the first test of the state of
 ✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee ✓ Sponsored ✓ Small Contributor Committee ✓ Political Party/Central Committee 	Con (Also Prim Office	narily Formed Ballot Measure nmittee Controlled Sponsored Complete Part 6) narily Formed Candidate/ Scholder Committee Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To	ermination)	Supplemen	tatement d-Year Report tal Preelection Attach Form 495
. Committee Information	1	ri tulmi ka kanagasakan in maraja saara kasan kanaga kanaga kanaga kanaga kanaga kanaga kanaga kanaga kanaga k 1900 – 1906 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908 – 1908	Treasurer(s)	ng Amang (as papanganahanan mang di papan sahan na galamahan dan andan di papangan mang di papangan mang di p	Records a source records a second and a source	SEMI ERRORATION OF THE PROPERTY OF THE PROPERT
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO	COMMITTEE)	жү ө экилим (иги эмини эми	NAME OF TREASURER	E BATTLE DAMBETTO ACT PER	Account to the second s	Andres (and and alternative areas on the superior parameters of charles and distribution of the charles of the
Committee to Re-Elect Doug Tessitor			Vernon L. Giles	× 001004504000000000000000000000000000000		
			MAILING ADDRESS 903 E. Rt. 66, Suite D			
STREET ADDRESS (NO P.O. BOX)		GER SAN HEROSING BERKEN FILM OPERALEZ AND REFERENCE FOR SECTION OF THE SECTION OF THE CONTRACT OF THE SECTION O	CITY	STATE	ZIP CODE	AREA CODE/PHONE
756 Prima Vera Rd		EO TECLUSIO (DIO, ODIVI ODIVI PARA ILLA NOSSAGRE JURGA IN OTONI TROVI UNINGERATURA ALEXANDA DE SONO APERENTA PER	Glendora	CA	91740	(626) 963-0274
CITY STAT			NAME OF ASSISTANT TREASUL	RER, IF ANY		
Glendora CA MAILING ADDRESS (IF DIFFERENT) NO. AND STRE		(626) 966-7010	POTENTIANA SAINANI MA MININAMI NA MININAMI SAINANI POTENTIANA DE MININAMI NA M	INVALUE DESCRIPTION OF THE PROPERTY OF THE PRO		***************************************
PO Box 938	ET OR P.O. BOX		MAILING ADDRESS			
CITY STAT	E ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora CA						
OPTIONAL: FAX / E-MAIL ADDRESS	THE RESIDENCE OF THE PROPERTY	MA-14469 (A) - GOLPHONA (III) (II) II III III II III II III II III I	OPTIONAL: FAX / E-MAIL ADDF	RESS	WWW.Perine Morrist Novembro Chorden and Children in	THE LINES PROVIDED THE CONTRACT OF THE PARTY
. Verification I have used all reasonable diligence in preparing a under penalty of perjury under the laws of the State Executed on Executed on Date Executed on Executed on		nat the foregoing is true and correct. By	Signature of Treasure of Assistant Introlling Office Volder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S	Treasure/ Sponent or Responsible Officer tate Measure Proponent		ue and complete. I certify
Date		2 eminorio menorio	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent		FDD0 F 400 (!

	6. Primarily Forn					
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT M	EASURE	NOTE E DOZZONO BENERODNO E Edilina anali su e accessa e commontore alarmacidara inter-co-trive dovine de mero activo			
Doug Tessitor						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BALLOT NO, OR LET	TER JURISDICT	11	SUPPORT	
Council Member, City of Glendora, Califo	ornia	EXCENSES blumbergrap transport page land perspectation to be designed a cold page as the			OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP					
756 Prima Vera Road	Glendora CA 91741	CONTROL WITCHIS CANDING WAS TO CONTROL OF A	Identify the controlling officeholder, candidate, or state measure proponent, if			
		NAME OF OFFICEH	OLDER, CANDIDATE, OR F	PROPONENT		
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 receive	OFFICE SOUGHT O	R HELD	DISTRICT NO	. IF ANY	
COMMITTEE NAME	I.D. NUMBER	And the state of t	THE RELEASE DESCRIPTION OF THE PROPERTY OF THE	TO THE LOCATION OF THE POST OF		
NAME OF TREASURER	CONTROLLED COMMITTEE?			iceholder Committee		
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	officeholder(s) or	candidate(s) for which to	his committee is primarily for		
	YES NO	officeholder(s) or				
	YES NO	officeholder(s) or NAME OF OFFICEHO	candidate(s) for which to	his committee is primarily for	med.	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	NAME OF OFFICEHO	candidate(s) for which to OLDER OR CANDIDATE OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHO	candidate(s) for which to	his committee is primarily for OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHO	candidate(s) for which to OLDER OR CANDIDATE OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHO	Candidate(s) for which to OLDER OR CANDIDATE OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2010 CALIFORNIA FORM 460

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

SUMMARY PAGE

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Doug Tessitor 1251006 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0 1/1 through 6/30 7/1 to Date 0 20. Contributions 0 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 21. Expenditures 0 0 Made **Expenditures Made Expenditure Limit Summary for State** 0 **Candidates** 0 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0 n **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 0 amounts in Column A to the corresponding amounts 0 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 0 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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). FPPC Form 460 (January/05)