Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stamp		CALIFORNIA 460	
(2000)	Statement covers period JULY 1, 2011	Date of election if applicable: (Month, Day, Year)	CITY SUB	Page	1 of5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through DEC 31, 2011		SHIT OF SELEC	DU-A	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			Will
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	Supplemental	ear Report
S LOMBITTED INTOFMATION	D. NUMBER 1313888	Treasurer(s)	0);	· -· ·-	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE COMMITTEE TO ELECT GENE MURABITO		NAME OF TREASURER MAURA DOWNING-MU MAILING ADDRESS	JRABITO		
STREET ADDRESS (NO P.O. BOX)		CITY GLENDORA	STATE CA	ZIP CODE 91741	AREA CODE/PHONE
GLENDORA CA 9174 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	1 3	NAME OF ASSISTANT TREASUL N / A MAILING ADDRESS	RER, IF ANY		
SAME AS ABOVE			<u> </u>		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct. By	Downing - Mura bitc Signature of Treasurer, or Assistant Is Mura bits Introlog Officeholder, Candidate, State Measure Pro	Treasurer ponent or Responsible Officer of S		e and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder Candidate S	tote Mescure Proponent		

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

COVER PAGE - PART 2						
	FORNI. DRM	^A 4	60			
Page _	2	of_	5			

Officeholder or Candidate Controlled Com	mittee	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE		NAM	NAME OF BALLOT MEASURE					
GENE MURABITO								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	BAL	LOT NO. OR LETTER	JURISDICTION	V		SUPPORT	
GLENDORA CITY COUNCIL MEMBER					☐ OPPO			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) GLEN	CITY STATE ZIP IDORA CA 91741	Ide	ntify the controlling of	the controlling officeholder, candidate, or state measure proponent, if				
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed to receive	OFF	ICE SOUGHT OR HELD		DIST	TRICT NO. IF	ANY	
COMMITTEE NAME	I.D. NUMBER	_		 				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO	offic	marily Formed Can eholder(s) or candidate(s) E OF OFFICEHOLDER OR	s) for which this		marily forme	ed.	
STREET ADDRESS (NO F.O.	БОЛ						SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE/PHONE	NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER	NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT OPPOSE	
	CONTROLLED COMMITTEE?	NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT	
NAME OF TREASURER							I I JUFFURI	
	YES NO						OPPOSE	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			-					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

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

SUMMARY PAGE

Statement covers period fromJULY 1, 2011	CALIFORNIA 460					
throughDEC 31, 2011	Page3 of5					
	I.D. NUMBER					
	1313888					

NAME OF FILER **GENE MURABITO** 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** 0.00 1. Monetary Contributions Schedule A, Line 3 \$ _ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0.00 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ Made **Expenditures Made Expenditure Limit Summary for State** 0.00 0.00 **Candidates** 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _ 0.00 0.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 **Date of Election** Total to Date 0.00 0.00 (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add 0.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 0.00 15. Cash Payments Column A, Line 8 above Column A may be negative 0.00 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 0.00 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). 0.00 18. Cash Equivalents See instructions on reverse \$ ____ 0.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ___ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. JULY 1, 2011 **FORM** from DEC 31, 2011 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER **GENE MURABITO** 1313888 AMOUNT IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) □IND Псом Потн **□PTY** □scc □COM □отн □ PTY □ SCC ПСОМ □отн □ PTY SCC □IND ПСОМ □OTH □ PTY □SCC □ COM ПОТН **□**PTY □scc **SUBTOTAL\$** 0.00

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

 90.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$

*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

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Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period fromJULY 1, 2011		schedule b-part CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER GENE MURABITO					throughDEC	31, 2011	Page5 I.D. NUMBER 1313888	of
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, 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	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
† IND COM OTH PTY SCC		s	\$	\$ FORGIVEN	DATE DUE	% RATE	\$	S PER ELECTION
† IND COM OTH PTY SCC		\$	s	PAID FORGIVEN \$	S	% RATE	\$	S PER ELECTION
		S		PAID S FORGIVEN	s	RATE	s	CALENDAR YEAR \$ PER ELECTION
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	

SUBTOTALS \$

0.00 \$

0.00 \$

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

0.00 \$

0.00

1.	Loans received this period	. \$ _	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$ _	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ 1	0.00
	Enter the net here and on the Summary Page, Column A, Line 2.		(May be a negative number)

†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

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

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