Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp CALIFORNIA 460 FORM				
04200 04210,07	Statement covers period from 01/01/2012	Date of election if applicable (Month, Day, Year)	2 7 2012	For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through06/30/2012	03/03/2009 CITY OF	RKS OFFICE GLENDORA				
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:					
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 5) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Special C	Statement Odd-Year Report ental Preelection at - Attach Form 495			
	D. NUMBER 1313569	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER					
Committee to Re-Elect Karen Davis		Gregory E. Davis	<u></u>				
STREET ADDRESS (NO P.O. BOX)		city Glendora	STATE ZIP CODE	AREA CODE/PHONE			
Glendora STATE ZIP CO	1	NAME OF ASSISTANT TREASURER, IF ANY					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	30X	MAILING ADDRESS					
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS rev.kkd@verizon.net		OPTIONAL: FAX / E-MAIL ADDRESS					
4. Verification	***						
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	g this statement and to the best of my kn a that the foregoing is true and correct.	owledge the information contained herein and in th	he attached schedules i	s true and complete. I certify			
Executed on	Ву	Greg E. Davis Signature of Treasurer of Assignant Telescurer		_			
Executed on	BySignature of Co	Karen K. Davis	onside Officer of Sponsor	_			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent	_			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	oponent	======================================			

COVER PAGE - PART 2					
	FORNIA DRM	460			
Page _	2	of4			

	Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE			=) 	
	NE.			N	AME OF BALLOT MEASURE				
Karen K. Davis				_					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BLE)	В	ALLOT NO. OR LETTER	JURISDICTI	NC		SUPPORT
City Council Member	Council Member City of Glendora			_					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	O. AND STREET) CITY	STATE	ZIP		-				
Glendora CA 91741				Identify the controlling officeholder, candidate, or state measure proponer					
77				٨	IAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Incl not included in this statement that an contributions or make expenditures of	e controlled by you or a	e primarily formed		7	FFICE SOUGHT OR HELD		:	DISTRICT NO.	IF ANY
COMMITTEE NAME	1.0	. NUMBER		-					
				7 6	Primarily Formed Car	didate/Offic	eholder Co	mmittee /	iet namne of
NAME OF TREASURER	I -	ONTROLLED COMMIT			Primarily Formed Car				
		ONTROLLED COMMIT		-	fficeholder(s) or candidate(s) for which thi	s committee is	s primarily forn	
	I -			-		s) for which thi	s committee is		ned.
		YES N		<u>,</u>	fficeholder(s) or candidate(S) for which thi	OFFICE SOU	s primarily forn	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)	YES N	0	<u>,</u>	fficeholder(s) or candidate(S) for which thi	OFFICE SOU	S primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	0	- N	AME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	0	- N	fficeholder(s) or candidate(CANDIDATE	OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	ODE/PHONE		AME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	ODE/PHONE		AME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	ODE/PHONE		AME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES N	ODE/PHONE		AME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT 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 Karen Davis 1313569 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 0.00 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 0.00 20. Contributions 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** 6. Payments Made Schedule E, Line 4 \$ 96.00 96.00 **Candidates** 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ ___ 96.00 96.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/vy) 10. Nonmonetary Adjustment Schedule C. Line 3 96.00 96.00 Current Cash Statement 245.42 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 96.00 report. Some amounts in Column A may be negative 149.42 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 0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

Type or print in ink, Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from01/01/2012	FORM 460
through06/30/2012	Page4 of4
	I.D. NUMBER
	1313560

Payments Made	to whole dollars.			from	01/01/2012	FOI	RM	40U	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Re-Elect Karen Davis				through	06/30/2012	Page	f4		
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nember communications neetings and appearances ffice expenses etition circulating hone banks olling and survey research ostage, delivery and messenger services rofessional services (legal, accounting)			wise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sa VOT voter registration WEB information technology costs (internet,			me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION OF	PAYMENT		AMO	OUNT PAID	
Bank Of America P.O. Box 37176 San Francisco, CA 94137-0176		OFC	Monthly Bank	Fees				96.00	
* Payments that are contributions or independent expenditures i	must also be summ	arized on	Schedule D.		SL	JBTOTAL S	<u> </u>	96.00	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	• • • • • • • • • • • • • • • • • • • •				\$			
2. Unitemized payments made this period of under \$100						\$		96.00	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)			\$		400.00	
4. Total payments made this period. (Add Lines 1, 2, and 3, E	inter here and on t	he Summa	ary Page, Column	A. Line 6.)	TO	TAL \$_		196.00	