Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	from Dec 31, 2012	Date of election if applicable: (Month, Day, Year) N/A	JAN 2 4 201	1 of Official Use Offi
	tillough		CITY OF GLENE	DORN
1. Type of Recipient Committee: All Committees - C Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) 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 To	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	.D. NUMBER 1313888	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE COmmittee To Elect Gene Murabito		NAME OF TREASURER Maura Murabito MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Glendora		ZIP CODE AREA CODE/PHONE
Glendora CA 9174 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. Same As Above	11	NAME OF ASSISTANT TREASUR N/A MAILING ADDRESS		1141
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	By Genz	Algorito Fignature of Tregsurer or Assistant T Murabito Fignature of Tregsurer or Assistant T Murabito Trolling Officeholder, Candidate, State Measure Prop	reasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ale Measure Proponeni	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	

COVER PAGE - PART 2							
	FORNIA DRM	4	60				
Page _	2	of _	5				

. Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· · · · ·		
Gene Murabito						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON .	SUPPORT
Glendora City Council Member						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Glende	CITY STATE ZIP Dra CA 91741		Identify the controlling off	iceholder, ca	ndidate, or state measur	e proponent, if any.
	5/d 5// 5//		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	ROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Candofficeholder(s) or candidate(s)) for which thi	ceholder Committee s committee is primarily fo	rmed.
	50^)					SUPPORT OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	30X)					
CITY STATE ZIP	CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1313888 **Contributions Received** Column A Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** Monetary Contributions Schedule A, Line 3 \$ ______ 0.00 0.00 1/1 through 6/30 7/1 to Date 0.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 0.00 20. Contributions Received Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 0.00 0.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 0.00 0.00 **Candidates** 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ ____ 22. Cumulative Expenditures Made* 0.00 0.00 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 0.00 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0.00 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 0.00 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts 0.00 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 0.00 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0.00 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

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

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		Statement covers period fromJuly 01,2012		CALIFORNIA 460		
	ONS ON REVERSE			through December 31, 2012		Page 4 of 5		
NAME OF FILER Gene Murabito							I.D. NUMBER 1313888	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		DIND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
		IND COM OTH PTY SCC				:		
			SUBTOTAL \$	3				
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			0.00	IND - COM OTH	(other – Other	al ent Committee than PTY or SCC) (e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			0.00			Contributor Committee	

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement co	vers period 01,2012	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through Dec	31, 2012	Page 5	of5
NAME OF FILER							I.D. NUMBER	
Gene Murabito							1313888	
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 PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID				CALENDAR YEA
				\$. \$	%	s	\$
				FORGIVEN		RATE		PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	s
				PAID				CALENDAR YEAR
				s	s	RATE %	\$	\$
				FORGIVEN	1	RAIE		PERELECTION
TO IND COM OTH PTY SCC		\$	s	s	DATE DUE	5	DATE INCURRED	s
				PAID		 		CALENDAR YEAR
				\$	s	%	s	s
				FORGIVEN		RATE		PER ELECTION
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	0.00 \$	0.00		† 0.00	20.000000000000000000000000000000000000	
Sahadula D. Communication		30B101AE3 \$	0.00 3	0.00	\$ 0.00	\$ 0.00 (Enter (e) on		
Schedule B Summary						Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitermined language.)	-fl		*****************	\$	0.00			
 (Total Column (b) plus unitemized loans Loans paid or forgiven this period				\$	0.00	H	Contributor Codes ND – Individual OM – Recipient Co (other than F	

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ U.UU (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

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PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee