Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
	Statement covers period fromJAN 01, 2013	Date of election if applicable: (Month, Day, Year)	JLB 3 0 715	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughJUNE 30, 2013	N/A		es l
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	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	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	D. NUMBER 1313888	Treasurer(s) NAME OF TREASURER MAURA MURABITO MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO		CITY GLENDORA NAME OF ASSISTANT TREASUR	CA 9	ZIP CODE AREA CODE/PHONE 91741
GLENDORA CA 9174 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	wledge the information contained here a Murabito Signature of Treasurer or Assistant T Murabito rolling Officeholder, Candidate, State Measure Prop	reasurer	
Executed on	By	Signature of Controlling Officeholder, Candidate, Sta		
Date	Uy	Signature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORN DRM	^{IA} 4	160	0			
Page _	2	_ of _	5				

. Officeholder or Candidate Controlled C	Committee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			 	
GENE MURABITO							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION		SUPPORT
GLENDORA CITY COUNCIL MEMBER							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREE	T) CITY STATE ZIP		Identify the controlling offi	ceholder, ca	indidate, or sta	te measure p	proponent, if any
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled Econtributions or make expenditures on behalf of y	V VOU Or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE? YES NO P.O. BOX)	7.	Primarily Formed Cand officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C.	for which the	ceholder Conis committee is p	orimarily form	et names of ed. SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE Statement covers period CALIFORNIA JAN 01, 2013 FORM from JUNE 30, 2013 through

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER **GENE MURABITO** 1313888

				1313000
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.00	General Elections
2. Loans Received Schedule B, Line 3	0.00	•	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	0.00	20. Contributions
4. Nonmonetary Contributions	0.00		0.00	Received \$ \$ 21. Expenditures
5. 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	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22 Cumulativa Evanutitura 72 L
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 	\$	0.00	22. Cumulative Expenditures Made* (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	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 0.00	\$	0.00	/\$
Current Cash Statement				/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	То	calculate Column B. add	
13. Cash Receipts	0.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		fror	responding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	0.00		ort. Some amounts in lumn A may be negative	•
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00	figu	res that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.	<u>_</u>	per	iod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts	0.00	fror any	m Lines 2, 7, and 9 (if	
18. Cash Equivalents				
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 Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** JAN 01, 2013 **FORM** from JUNE 30, 2013 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER **GENE MURABITO** 1313888 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE *

		OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
	□IND □COM □OTH □PTY □SCC				
	□IND □COM □OTH □PTY □SCC				
	□IND □COM □OTH □PTY □SCC				
	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
	□IND □COM □OTH □PTY □SCC				

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 0.00

*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

FPPC Form 460 (January/05)

Schedule B – Part 1 Loans Received	to whole dollars.			Statement confrom JAN (vers period 01, 2013	SCHEDULEB-PART CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE							Page 5 of 5	
NAME OF FILER							I.D. NUMBER	
GENE MURABITO							1313888	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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 PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID				CALENDAR YEA
				\$	_ s	%	s	s
				FORGIVEN		RATE		PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCHESES	\$ <u></u>
				☐ PAID	DATE DOE		DATE INCURRED	CALENDAR YEA
								CALENDAR TEA
				□ FORGIVEN	-	RATE %	\$	PER ELECTION
		s	<u></u>					
TO IND COM OTH PTY SCC					DATE DUE	3	DATE INCURRED	
				PAID				CALENDAR YEAR
				s	s	RATE %	s	s
				FORGIVEN		NAIE		PERELECTION
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s
	<u> </u>	SUBTOTALS \$	0.00 \$	0.00) \$ 0.00	\$ 0.00		
Schedule B Summary						(Enter (e) on		
•					0.00	Schedule E, Line 3)		
 Loans received this period	of less than \$100)	******************	******************	\$	0.00			
Loans paid or forgiven this period (Total Column (c) plus loans under \$100		••••••		\$	0.00	ļ ir	Contributor Codes ID – Individual OM – Recipient Co (other than F	

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.)

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

PTY - Political Party

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

SCC - Small Contributor Committee