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	Statement covers period           from         01/01/13           through         06/30/13	Date of election if applicable: (Month, Day, Year)	E" ys	For Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	inplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure ommittee O Controlled O Sponsored So Complete Part 5) imarily Formed Candidate/ fficeholder Committee So Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	s <sub>t</sub>	uarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Re-Elect Karen Davis  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP COI Glendora CA 91741  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	-2156	Treasurer(s)  NAME OF TREASURER Gregory E. Davis MAILING ADDRESS 952 E. Ada Ave. CITY Glendora NAME OF ASSISTANT TREASURER, IF AN	CA 91	© CODE AREA CODE/PHONE 741 626-335-3429
OPTIONAL: FAX / E-MAIL ADDRESS rev.kkd@verizon.net	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIF	P CODE AREA CODE/PHONE
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	that the foregoing is true and correct.  By	nowledge the information contained herein and in region of the super of Assistant Treasures  Karen K. Davis  Ontrolling Officeholder, Candidate, State Measure  Signature of Controlling Officeholder, Candidate, State Measure	spansible Officer of Spon Proponent	namentation thickness.

	COVE	R PAGE	E - PART	2
	FORNI ORM	A <u>/</u>	:60	
Page _	2	_ of _	4	

	Officeholder or Candidate Controlled Committee				Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			Ì	NAME OF BALLOT MEASURE					
Karen K. Davis									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO, OR LETTER	JURISDICTION			SUPPORT OPPOSE	
City Council Member	City of Gle	endora					□ орроз		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY	STATE	ZIP						
	Glendora	ora CA 91741	91741		Identify the controlling officeholder, candidate, or state measure proponent, if a				
					NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included not included in this statement that are contributions or make expenditures on behaviors.	rolled by you or are pi	rimarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D. NU	JMBER					. <u></u>		
NAME OF TREASURER	CONT	ROLLED COMMI	TTECO		Primarily Formed Car				
NAME OF TREASURER	l COM!				officeholder(s) or candidate	s) for which th	is committee is	primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	<del></del>
						CVIADIDVIE			SUPPORT
	100 (101.0.00)					OVIADIBALE			SUPPORT OPPOSE
	ATE ZIP CODE	AREA GO	DDE/PHONE		NAME OF OFFICEHOLDER OR		OFFICE SOU	GHT OR HELD	OPPOSE
		AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR		OFFICE SOU	GHT OR HELD	OPPOSE
	ATE ZIP CODE	AREA CO	DDE/PHONE			CANDIDATE			OPPOSE  SUPPORT
CITY STA	ATE ZIP CODE		DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE		GHT OR HELD GHT OR HELD	OPPOSE SUPPORT OPPOSE
CITY STA	ATE ZIP CODE					CANDIDATE	OFFICE SOU		OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
CITY STA	ATE ZIP CODE	JMBER	TTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	ATE ZIP CODE	JMBER	TTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRE	ATE ZIP CODE  I.D. NU  CONTI	JMBER ROLLED COMMI YES	TTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT 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 131569 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 0.00 1/1 through 6/30 7/1 to Date 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 0.00 20. Contributions 0.00 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 \$ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 \$ \_\_\_\_\_ 96.00 96.00 Candidates 0.00 0.00 22. Cumulative Expenditures Made\* 96.00 96.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment .................................. Schedule C, Line 3 96.00 96.00 **Current Cash Statement** 53.42 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 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 96.00 15. Cash Payments ...... Column A, Line 8 above Column A may be negative -42.58figures 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 anv). 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)

<b>Schedule</b>	Ε
<b>Payments</b>	Made

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

Statement covers period	CALIFORNIA / CO				
from01/01/13	FORM 40U				
through06/30/13	_ Page4 of4				
	I.D. NUMBER				
	131569				

SEE INSTRUCTIONS ON REVERSE			through _	06/30/13	Page	4 of	. 4
NAME OF FILER					1.D. NUN 131569		
CTB contribution (explain nonmonetary)*  OFC office expe  CVC civic donations  PET petition circ  FIL candidate filing/ballot fees  FND fundraising events  FND independent expenditure supporting/opposing others (explain)*  OFC office expe  PET petition circ  pho phone bank  POL polling and  independent expenditure supporting/opposing others (explain)*  POS postage, de	nmunications nd appearanc nses ulating s survey resea	es	RAD radio a RFD returns SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter in	e the payment.  airtime and production of the contributions of the contribution of	uction costs meals and meals of the sar	ne candid	late/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PA	YMENT		AMO	UNT PAID
Bank of America P.O. Box 37176 San Francisco, CA 94137-0176	OFC	Monthly Bank Fe	ees				96.00
* Payments that are contributions or independent expenditures must also be sumr	marized on S	Schedule D.		SUI	BTOTAL\$		96.00
Schedule E Summary							00.00
1. Itemized payments made this period. (Include all Schedule E subtotals.)							96.00
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pari							96.00