Recipient Committee Campaign Statement Cover Page	Type or print in i	led	COVERPAGE CALIFORNIA 460		
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	2 9 2014 Page of		
	from 1-1-13	(Month, Day, Year)	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through <u>6-30-13</u>	Date Not Set	RKS OFFICE GLENDORA		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Pert 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Camplete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Camplete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495		
3. Committee Information	1.D. NUMBER 3929	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE CITY STATE ZIP	et Glendora	Glendora 917	1ds STATE ZIP CODE AREA CODE/PHONE		
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	Sales are not a clear		
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on	rnla that the foregoing is true and correct By	viedge the information contained herein and in the a onald R. Fields 'Signatured Treasurer Toseph A. Santoro rolling Officeholder, Candiddie, State Measure Proponent or Responsibili			
Executed on		Signature of Controlling Officeholder, Candidate, State Measure Propone	nt		
Executed onDate	Ву	Bignature of Controlling Officeholder, Candidate, State Measure Propone	int		

I.D. 1283929 amended

Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	rative	-NOTKNOU		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION G/ENCL	3/20 9/74/	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE ZIP		Identify the controlling offi	ceholder, can	didate, or state measure	proponent, if any.	
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not Included in to not included in this statement that are controlled contributions or make expenditures on behalf of	i by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY	
COMMITTEE NAME	I.D. NUMBER	7	Primarily Formed Cand	lidate/Office	eholder Committee	list names of	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(s) for which this	committee is primarily for	med. 	
COMMITTEE ADDRESS STREET ADDRESS ((NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT ON HELD	SUPPORT OPPOSE	
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)				<u> </u>		
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	ch continuatio	n sheets if necessary		

Schedule E **Payments Made**

CMP campaign paraphernalia/misc.

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

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period **CALIFORNIA** trov 1-1-13 **FORM**

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE Amended.	through 6-30-13	Page 3 of
NAME OF FILER		I.D. NUMBER
Citizens committee to Protect Clando Ra		1283928

CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees candidate travel, lodging, and meals FIL phone banks FND fundraising events polling and survey research staff/spouse travel, lodging, and meals postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* TSF ND professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ **Schedule E Summary** 1. Itemized payments made this period. (Include all Schedule E subtotals.) Sect / oF State 2-2-2013 2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period

CALIFORNIA 1 FORM

SUMMARY PAGE

I.D. NUMBER

102070

CITIZENS COMMITTEE TO FROTECT OF	endora		1287720
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3			1/1 through 6/30 7/1 to Date
2. Loans Received	s		20. Contributions Received S \$\$
1. Nonmonetary Contributions			21 Evnandituras
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s	s	Made \$ \$
Expenditures Made Schedule E, Line 4	\$ 50.00	\$	Expenditure Limit Summary for State Candidates
7. Loans Made		s	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)			Date of Election Total to Date (mm/dd/yy)
1. TOTAL EXPENDITURES MADE	\$	\$	\$
Current Cash Statement 2. Beginning Cash Balance	s 12,824,20	To calculate Column 8, add	\$
3. Cash Receipts	50.00 \$ 12774-20	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is	*Amounts in this section may be different from amounts reported in Column B.
7. LOAN GUARANTEES RECEIVED	\$	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any).	·
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	4.	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)