Posiniant Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp	CALIFORNIA 460
(COVERNMENT COME GEOMOTS 04200-042 (0.3)	Statement covers period from 7-1-1/	Date of election if applicable: (Month, Day, Year)	, - m	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12 - 31 - //</u>	3-8-11	CHYS	1 2
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	). NUMBER 133 4/96	Treasurer(s)	· · · · · · · · · · · · · · · · · · ·	
TOHN FIELDS FOR CIT	y council 2011	MAILING ADDRESS		FIELOS
STREFT ADDRESS (NO P.O. BOX)	·	GLENDOR	STATE  STATE	ZIP CODE AREA CODE/PHONE
GITY GLENOORA CA STATE ZIP CC	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	7
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi  Executed on	a that the foregoing is true and correct  By	wledge the information contained he  C. Fields Signature of Treasurer or Assistant C. Fields trolling Officeholder, Candidate, State Measure Pro	Treasurer  populant or Responsible Officer of S	
Executed on	p.,	Signature of Controlling Officeholder, Candidate, S		EDGC Form 480 ( lanuar/DE)

Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ball	ot Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE  TO HN C.	FIELOS	<del></del>	NAME OF BALLOT MEASURE		· · · · · · · · · · · · · · · · · · ·	<del>- 4</del>
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN			BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE		P	Identify the controlling of	iceholder, candld	late, or state measure	proponent, if any.
Date 10 marks - Natharland Inc.		1	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPO	DNENT	
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to rec		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER	<del></del>				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Can officeholder(s) or cendidate(			
COMMITTEE ADDRESS STREET ADDRESS (		_	NAME OF OFFICEHOLDER OR	CANDIDATE OI	FFICE SOUGHT OR HELL	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PH	DNE	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HELL	SUPPORT OPPOSE
COMMITTEE NAME	1.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HELE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (	NO P.O. BOX)					
CITY STATE	ZIP CODE AREA CODE/PH	ONE	Atta	ch continuation s	sheets if necessary	

## Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  JOHN FIELDS			1.D. NUMBER 1.334196
Contributions Received  1. Monetary Contributions	\$ 0 0	Column B  CALENDAR YEAR TOTAL TO DATE  S  G, 122.76  D  S  G, 122.76  D  S  G, 122.76	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
Expenditures Made  6. Payments Made	\$ 2.07	s 10,637,43 0 s 10,637,43 0 0 10,637,43	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the 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 the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Form 460 (January/05

## Schedule E **Payments Made**

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

	SCHEDULE E
Statement covers period from 7-1-11	CALIFORNIA 460 FORM
through 12-31-11	Page 4 of 4
	I.O. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOHN FIELDS

133 7196 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs campaign paraphernalia/misc. MBR member communications campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals POL polling and survey research fundraising events independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND: VOT voter registration legal defense professional services (legal, accounting) LEG 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.) 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).)......\$ —