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 1-1-2013 through 6-36-2013	Date of election if applicable: (Month, Day, Year) Date Not Set	AUL 3 4 76 is Carroll	Page of			
☐ State Candidate Election Committee ☐ Recall ☐ (Also Camplete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	nplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored isoComplete Part 6) rimarily Formed Candidate/ fficeholder Committee IsoComplete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 1	t Specific Support State t Support State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS		Treasurer(s) NAME OF TREASURER DONALO R. FICIOS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS					
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	owledge the information contained he will be selected. Signature of fire a sure of fire a sure of controlling officeholder, Candidate, State Measure of Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	nt Treasurer roponent or Responsible Officer of Sponsor State Measure Proponent	Name of the latest state o			

Date

I.D. 1283928

Officeholder or Candidate Controlled Committee		6	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE)		Measure/Initiative BALLOTNO.ORLETTER JURISDICT Wot KNOWN Glende	ION 917	40 4)	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling officeholder, ca	andidate, or s	tate measure p	roponent, if any.		
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY			
COMMITTEE NAME	I.D. NUMBER	_			•44			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Candidate/Offi officeholder(s) or candidate(s) for which the	ls committee l	s primarily forme			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFF(CEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		***************************************					
CITY STATE ZIP C	CODE AREA CODE/PHONE		Attach continuation sheets if necessary					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period from 1-1-2013 CALIFORNIA 460 FORM Through 6-36-26/3 Page 3 of 3

Committee to Protect Glendora 1283928 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD

FROM AT TACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ ______\$ 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made **Expenditures Made** Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _ 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Une 16 \$ 12,824-20 To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative

18. Cash Equivalents See instructions on reverse \$ ___

19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above \$ _

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