

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED stamp: CITY OF WEST HOLLYWOOD, 08 JUL 31 PM 2:09, OFFICE OF THE CITY CLERK. CALIFORNIA FORM 460, Page 1 of 22.

Statement covers period from 01/01/2008 through 06/30/2008. Date of election if applicable: 03/06/2007.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1293283

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Patricia Nell Warren

STREET ADDRESS (NO P.O. BOX)

7985 Santa Monica Blvd., 109-408

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90046 323-966-2465

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

c/o ML Associates, LLC 8581 Santa Monica Blvd., #504

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

OPTIONAL: FAX / E-MAIL ADDRESS

323-395-0519

Treasurer(s)

NAME OF TREASURER

Steven Mele

MAILING ADDRESS

8581 Santa Monica Blvd., #504

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

310-385-7300

NAME OF ASSISTANT TREASURER, IF ANY

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 this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/08 Date

Executed on 7/28/2008 Date

Executed on 7/28/2008 Date

Executed on Date

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

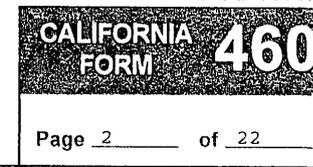
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patricia Nell Warren

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
7985 Santa Monica Blvd., 109-408 West Hollywood, CA 90046

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.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/2008</u>	CALIFORNIA FORM 460
through <u>06/30/2008</u>	
Page <u>3</u> of <u>22</u>	I.D. NUMBER <u>1293283</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,264.98</u>	\$ <u>3,264.98</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>19,100.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,264.98</u>	\$ <u>22,364.98</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,264.98</u>	\$ <u>22,364.98</u>

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>4,494.87</u>	\$ <u>4,494.87</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4,494.87</u>	\$ <u>4,494.87</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-3,421.33</u>	<u>5,089.38</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,073.54</u>	\$ <u>9,584.25</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1,500.00</u>
13. Cash Receipts Column A, Line 3 above	<u>3,264.98</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>4,494.87</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>270.11</u>

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>24,189.38</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>22</u>	ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/18/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	800.00	3,264.98	
02/24/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	250.00	3,264.98	
03/21/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	350.00	3,264.98	
04/10/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	600.00	3,264.98	
05/10/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	82.94	3,264.98	

SUBTOTAL \$ 2,082.94

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,264.98
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,264.98

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>22</u>	I.D NUMBER 1293283

NAME OF FILER

Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	216.00	3,264.98	
06/06/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	66.04	3,264.98	
06/20/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	400.00	3,264.98	
06/20/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	500.00	3,264.98	
06/26/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	-400.00	3,264.98	
SUBTOTAL \$				782.04		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>22</u>
I.D NUMBER 1293283	

NAME OF FILER
Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/26/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	-500.00	3,264.98	
06/26/2008	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	900.00 Received through intermediary ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	3,264.98	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				400.00		

*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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>22</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

I.D. NUMBER

1293283

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 01/15/2008 DATE DUE	\$ 0.00 0.00% RATE	\$ 4,000.00 01/15/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 1,600.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,600.00 02/19/2008 DATE DUE	\$ 0.00 0.00% RATE	\$ 1,600.00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 02/19/2008 DATE DUE	\$ 0.00 0.00% RATE	\$ 500.00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	5,100.00 \$	0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>22</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

I.D. NUMBER

1293283

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 02/19/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 2,000.00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PERELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 02/19/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PERELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 02/20/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 2,000.00 02/23/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PERELECTION** \$
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	5,000.00 \$	0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>22</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect Patricia Nell Warren	I.D. NUMBER 1293283
--	------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 02/26/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 3,000.00 02/26/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 02/27/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 02/27/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 3,600.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,600.00 03/01/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 3,600.00 03/01/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,600.00	\$ 0.00		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>22</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect Patricia Nell Warren	I.D. NUMBER 1293283
--	------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 03/22/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 03/22/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Writer/Publisher Same Name	\$ 400.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 400.00 08/10/2008 DATE DUE	0% RATE \$ 0.00	\$ 400.00 08/10/2007 DATE INCURRED	CALENDAR YEAR \$ 3,264.98 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	0% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	\$ 0.00	\$ 0.00	\$ 1,400.00	\$ 0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
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	I.D NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT		242.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT		251.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT		74.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 567.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,494.87
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4,494.87

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
through	06/30/2008	Page <u>12</u> of <u>22</u>
NAME OF FILER		I.D. NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

I.D. NUMBER

1293283

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			169.17
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			274.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			500.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			216.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			478.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,637.17

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT)

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

Statement covers period from 01/01/2008 through 06/30/2008	CALIFORNIA FORM 460
Page 13 of 22	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		35.60
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		17.50
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		108.75
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		42.10
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		179.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 383.70

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC			35.92
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			17.50
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			70.67
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			62.92
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC			35.76

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 222.77

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2008	Page 15 of 22
NAME OF FILER		ID. NUMBER
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		69.34
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		35.86
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		47.08
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		11.66
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		54.38

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 218.32

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
through	06/30/2008	Page 16 of 22
NAME OF FILER		I.D. NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

I.D. NUMBER

1293283

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			40.83
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC			45.00
Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks, CA 91403	CNS			1,000.00
Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks, CA 91403	OFC			75.79
Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks, CA 91403	OFC			160.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,322.29

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT)

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
through	06/30/2008	Page <u>17</u> of <u>22</u>
NAME OF FILER		ID NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Fargo Bank 433 N Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			18.59
Wells Fargo Bank 433 N. Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			18.34
Wells Fargo Bank 433 N. Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			17.22
Wells Fargo Bank 433 N. Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			20.64
Wells Fargo Bank 433 N. Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			34.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 108.79

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT)

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
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NAME OF FILER Committee to Elect Patricia Nell Warren		ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

ID NUMBER

1293283

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Fargo Bank 433 N. Camden Dr., 2nd Floor Beverly Hills, CA 90210	OFC			34.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

34.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
through	06/30/2008	Page <u>19</u> of <u>22</u>
NAME OF FILER		I.D. NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks, CA 91403	CNS	1,000.00	0.00	1,000.00	0.00
Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks, CA 91403	OFC	160.67	0.00	160.67	0.00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT	325.83	0.00	325.83	0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,486.50 \$	0.00 \$	1,486.50 \$	0.00
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Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 73.23
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 3,494.56
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -3,421.33
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	CALIFORNIA FORM 460
Page <u>20</u> of <u>22</u>	I.D NUMBER 1293283

NAME OF FILER
Committee to Elect Patricia Nell Warren

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services PO Box 94014 Palatine IL 60094-4014	LIT	4,294.57	0.00	1,879.17	2,415.40
Chase Card Services PO Box 94014 Palatine IL 60094-4014	POS	413.40	0.00	0.00	413.40
Chase Card Services PO Box 94014 Palatine IL 60094-4014	PRO	1,009.75	0.00	0.00	1,009.75
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	108.19	0.00	0.00	108.19

SUBTOTALS \$ 5,825.91 \$ 0.00 \$ 1,879.17 \$ 3,946.74

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		ID NUMBER
Committee to Elect Patricia Nell Warren		1293283

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	107.33	0.00	0.00	107.33
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	153.39	0.00	0.00	153.39
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	103.52	0.00	0.00	103.52
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	226.01	0.00	0.00	226.01
SUBTOTALS \$		590.25 \$	0.00 \$	0.00 \$	590.25

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2008	
through	06/30/2008	Page 22 of 22
NAME OF FILER		I.D NUMBER
Committee to Elect Patricia Nell Warren		1293283

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	200.03	0.00	0.00	200.03
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	172.90	0.00	0.00	172.90

SUBTOTALS \$ 372.93 \$ 0.00 \$ 0.00 \$ 372.93