

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 19

For Official Use Only

Statement covers period
from 01/01/2009
through 06/30/2009

Date of election if applicable
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- 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

ID NUMBER
1293283

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

Committee to Elect Patricia Nell Warren

STREET ADDRESS (NO PO 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

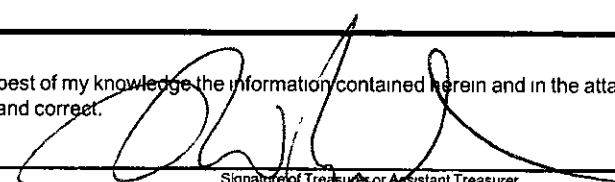
CITY STATE ZIP CODE AREA CODE/PHONE

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 07/22/2009
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 19

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

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		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 3 of 19
		ID NUMBER 1293283

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	\$ 1,460 00	\$ 1,460 00
2 Loans Received	Schedule B, Line 3	0 00	19,100 00
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,460 00	\$ 20,560 00
4 Nonmonetary Contributions	Schedule C, Line 3	0 00	0 00
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,460 00	\$ 20,560 00

**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

		Column A	Column B
6 Payments Made	Schedule E, Line 4	\$ 1,718 16	\$ 1,718 16
7 Loans Made	Schedule H, Line 3	0 00	0 00
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,718 16	\$ 1,718 16
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-424 90	2,436 25
10 Nonmonetary Adjustment	Schedule C, Line 3	0 00	0 00
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1,293 26	\$ 4,154 41

**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	\$ 304 15
13 Cash Receipts	Column A, Line 3 above	1,460 00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0 00
15 Cash Payments	Column A, Line 8 above	1,718 16
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 45 99

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 \$ 0 00

Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse	\$ 0 00
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 21,536 25

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 4 of 19
NAME OF FILER Committee to Elect Patricia Nell Warren		ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

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)
01/21/2009	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	1,460.00	G 07 35,060.00
03/20/2009	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	1,460.00	G 07 35,060.00
03/21/2009	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	110.00	1,460.00	G 07 35,060.00
04/17/2009	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	1,460.00	G 07 35,060.00
05/21/2009	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	225.00	1,460.00	G 07 35,060.00
SUBTOTAL \$				1,335.00		

Schedule A Summary

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals)	\$ 1,460.00
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ 0.00
3 Total monetary contributions received this period (Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Line 1)	TOTAL \$ 1,460.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 5 of 19
NAME OF FILER		ID NUMBER
Committee to Elect Patricia Nell Warren		1293283

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)
06/11/2009	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	125.00	1,460.00	G 07 35,060.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$				125.00		
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*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.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>6</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

ID 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 01/15/2008 DATE DUE	0 00 % RATE \$ 0 00	\$ 4,000 00 01/15/2007 DATE INCURRED	CALENDAR YEAR \$ 1,460 00 PER ELECTION ** GO7 35,060 00 \$
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 % RATE \$ 0 00	\$ 1,600 00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 1,460 00 PER ELECTION ** GO7 35,060 00 \$
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 % RATE \$ 0 00	\$ 500 00 02/19/2007 DATE INCURRED	CALENDAR YEAR \$ 1,460 00 PER ELECTION ** GO7 35,060 00 \$
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.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>7</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

ID 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	\$ 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 \$ 1,460 00 PER ELECTION** GO7 35,060 00 \$
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 \$ 1,460 00 PER ELECTION** GO7 35,060 00 \$
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 \$ 1,460 00 PER ELECTION** GO7 35,060 00 \$
SUBTOTALS \$		0 00	\$ 0 00	\$ 0 00	\$ 5,000 00	\$ 0 00		

Schedule B Summary

(Enter (a) 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
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(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		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 8 of 19
NAME OF FILER Committee to Elect Patricia Nell Warren		ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

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 \$ 1,460 00 PER ELECTION ** G07 35,060 00
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 \$ 1,460 00 PER ELECTION ** G07 35,060 00
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 \$ 1,460 00 PER ELECTION ** G07 35,060 00
SUBTOTALS \$		0 00	\$ 0 00	\$ 0 00	\$ 7,600 00	\$ 0 00		

Schedule B Summary

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

- 1 Loans received this period \$ 0 00
(Total Column (b) plus unitemized loans of less than \$100)
- 2 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)
- 3 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)

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(other than PTY or SCC)
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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		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 9 of 19
NAME OF FILER Committee to Elect Patricia Nell Warren		ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

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	\$ 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 \$ 1,460 00 PER ELECTION ** GO7 35,060 00 \$
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 \$ 1,460 00 PER ELECTION ** GO7 35,060 00 \$
 † <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.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 10 of 19
NAME OF FILER		ID NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

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
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO		250 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	OFC		108 19
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	POS		63 40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 421 59

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$ 1,718 16
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 \$ 1,718 16

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

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

SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 11 of 19
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
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			10 40
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	TRC		Tax1	13 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	OFC		Finance charge	55 01
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT			250 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	POS			350 00

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

SUBTOTAL \$ 678 41

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

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

SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>12</u> of <u>19</u>
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

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	PRO		136 00
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		65 42
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		109 37
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		52 23
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		11 67

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

SUBTOTAL \$ 374 69

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

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

SCHEDULE E (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>13</u> of <u>19</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

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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	OFC			4 40
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC			53 88
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			16 25
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO			65 42
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC			103 52

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

SUBTOTAL \$ 243 47

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>14</u> of <u>19</u>
NAME OF FILER		ID NUMBER
Committee to Elect Patricia Nell Warren		1293283

SEE INSTRUCTIONS ON REVERSE

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
ND 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
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	LIT	260 40	0 00	260 40	0 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	POS	413 40	0 00	413 40	0 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO	1,009 75	0 00	386 00	623 75
SUBTOTALS \$		1,683 55 \$	0 00 \$	1,059 80 \$	623 75

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

Schedule F Summary

1 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 \$** 811 10

2 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 \$** 1,236 00

3 Net change this period (Subtract Line 2 from Line 1 Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -424 90
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>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>19</u>
	ID 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 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	108 19	0 00	108 19	0 00
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
SUBTOTALS \$		472 43 \$	0 00 \$	108 19 \$	364 24

**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>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
Page <u>16</u> of <u>19</u>	ID 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 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	226 01	0 00	0 00	226 01
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
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	199 99	0 00	199 99
SUBTOTALS \$		598 94 \$	199 99 \$	0 00 \$	798 93

**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>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>19</u>
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 | FET 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 prnt ads | WEB information technology costs (internet, e-mail) |

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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
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	41 90	0 00	41 90
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	16 25	0 00	16 25
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	53 88	0 00	53 88
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	96 25	0 00	96 25
SUBTOTALS \$		0 00 \$	208 28 \$	0 00 \$	208 28

**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>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>19</u>
	ID NUMBER 1293283

NAME OF FILER
Committee to Elect Patricia Nell Warren

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|---|---|---|
| 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 |
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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
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	108 33	0 00	108 33
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	57 05	0 00	57 05
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	112 92	0 00	112 92
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	55 22	0 00	55 22
SUBTOTALS \$		0 00 \$	333 52 \$	0 00 \$	333 52

**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>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>19</u>
	ID 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 |
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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
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	17 50	0 00	17 50
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	51 81	0 00	51 81
SUBTOTALS \$		0 00 \$	69 31 \$	0 00 \$	69 31