Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216 5)	Statement covers period from01/01/2009	CITY OF WEST Date of election if applicable. (Month, Day, Year) CTRICE OF THE	HC'_LYWOOD PM 3: 54	COVER PAGE CALIFORNIA 460 FORM of 19 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2009			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4, rimarily Formed Ballot Measure ommittee) Controlled) Sponsored siso Complete Part 6) rimarily Formed Candidate/ officeholder Committee siso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Speci	terly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information 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 CO West Hollywood, CA 90046 MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BI C/O ML Associates, LLC 8581 Santa Monica Blvd CITY STATE ZIP CO West Hollywood, CA 90069 OPTIONAL FAX / E-MAIL ADDRESS	323-966-2465 OX	Treasurer(s) NAME OF TREASURER Steven Mele MAILING ADDRESS 8581 Santa Monica Blvd , #504 CITY West Hollywood, CA 90069 NAME OF ASSISTANT TREASURER, IF AN MAILING ADDRESS CITY OPTIONAL FAX / E-MAIL ADDRESS	STATE ZIP CO	310-385-7300
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Cont	Signature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure Sagnature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Candida	ponsible Officer of Sponsor Proponent	les is true and complete. I certify

COVER P	AGE - PART 2
CALIFORNIA FORM	460

NAME OF OFFICEHOLDER OR CANDIDATE			Primarily Formed Ball			<u>.</u>
Patricia Nell Warren		'	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND City Council Member West Hollywood	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO OR LETTER	JURISDICT	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREE 7985 Santa Monica Blvd , 109-408 W	T) CITY STATE ZIP est Hollywood, CA 90046	,	Identify the controlling of	ficeholder, ca	ndidate, or state measur	e proponent, if an
		,	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in the not included in this statement that are controlled a contributions or make expenditures on behalf of y	by you or are primarily formed to receive	ļ	OFFICE SOUGHT OR HELD	- "- "	DISTRICT N	D IF ANY
COMMITTEE NAME	ID NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (No	CONTROLLED COMMITTEE? YES NO O PO BOX)		Primarily Formed Car officeholder(s) or candidate(s) for which th	ceholder Committee is committee is primarily for	rmed
CITY STATE	ZIP CODE AREA CODE/PHONE	i	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
COMMITTEE NAME	I D NUMBER	Ī	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	OPPOSE SUPPORT OPPOSE
		;	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	'			1	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO	-				SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1D NUMBER Committee to Elect Patricia Nell Warren 1293283 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1 Monetary Contributions Schedule A. Line 3 \$ ____ 1,460 00 1,460 00 1/1 through 6/30 7/1 to Date 2 Loans Received Schedule B. Line 3 0 00 ___ 19,100 00 20 Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _ 1,460 00 20.560 00 Received Nonmonetary Contributions Schedule C. Line 3 21 Expenditures 5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____1,460 00 20,560 00 Made **Expenditures Made Expenditure Limit Summary for State** 6 Payments Made Schedule E. Line 4 \$ 1,718 16 \$ 1,718 16 Candidates 7 Loans Made Schedule H. Line 3 0 00 0.00 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS . Add Lines 6 + 7 \$ ______1,718 16 1,718 16 (If Subject to Voluntary Expenditure Limit) 9 Accrued Expenses (Unpaid Bills) Schedule F. Line 3 -424 90 2,436 25 Date of Election Total to Date 10 Nonmonetary Adjustment (mm/dd/yy) Schedule C, Line 3 0 00 0.00 11 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 1,293 26 \$ 4,154 41 **Current Cash Statement** 12 Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ 304 15 To calculate Column B. add 13 Cash Receipts 1,460 00 amounts in Column A to the Column A, Line 3 above corresponding amounts 14 Miscellaneous Increases to Cash *Amounts in this section may be different from amounts Schedule I, Line 4 0 00 from Column B of your last reported in Column B report. Some amounts in 15 Cash Payments 1,718 16 Column A. Line 8 above Column A may be negative 16 ENDING CASH BALANCE 45 99 Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero period amounts. If this is the first report being filed 17 LOAN GUARANTEES RECEIVED for this calendar year, only Schedule B Part 2 \$ _____ 0 00 carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any) 18 Cash Equivalents See instructions on reverse \$ 19 Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 21,536 25

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

Schedule A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

ont covers period	CALIFORNIA 460
06/30/2009	Page4 of19
	ID NUMBER
	1293283
THIS CALENDAR (JAN 1 - DE	R YEAR TO DATE
250.00 1	1,460 00 G 07 35,060 00
250 00 1	1,460 00 G 07 35,060 00
10 00 1,	1,460 00 G 07 35,060 00
00 00 1,	1,460 00 G 07 35,060 00
25 00 1,	1,460 00 G 07 35,060 00
35 00	
00 IND COI	Contributor Codes ID – Individual OM – Recipient Committee (other than PTY or SCC) TH – Other (e.g., business entity) TY – Political Party CC – Small Contributor Committee
3	00 00 00 00 00 00 00 00 00 00 00 00 00

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT
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CALIFORNIA

FORM

Statement covers period

from ____01/01/2009

				through <u>06/30/2</u>	009	Page	5	of <u>19</u>	
NAME OF FILER Committee to	Elect Patricia Nell Warren						ID NUMBER 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 CALENDAR Y (JAN 1 - DEC	EAR	-	RELECTION TO DATE REQUIRED)	
06/11/2009	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211		Self Employed Writer/Publisher Same Name	125.00	1,4	60 00	G 07	35,060 00	
		□COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					:		
	•	□IND □COM □OTH □PTY □SCC							
			SUBTOTAL \$	125 00	î		,	, , ,	

*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

Sched	ule	В –	Part 1
Loans	Rec	eive	ed

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

** If required

Type or print in ink, Amounts may be rounded

SCHEDU	JLE B	-PART	1
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Statement covers period

Loans Received	Amounts may be rounded Statement covers to whole dollars. from01/01/2			•	CALIFORN FORM	HA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Patricia Nell Warre	n				through06/30	0/2009	Page6 ID NUMBER 1293283	of19
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE ALSOENTER 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 PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(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 To IND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	3,000 00	0 00	PAID 5 FORGIVEN 0 00	ss	00%, 	\$ 4,000 00 \$ 01/15/2007 DATE INCURRED	CALENDAR YEAR \$1,460_00 PER ELECTION*** G07
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 TEM IND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	\$	s	PAID S 0 00 FORGIVEN S 0 00	. \$	0 00 % RATE	\$	CALENDAR YEAR \$1,460 00 PER ELECTION ** GO7
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 TEN IND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	\$	\$0 00	PAID \$ 0 000 FORGIVEN 0 000	\$	0 00 % RATE	500 00 \$	CALENDAR YEAR \$ 1,460 00 PER ELECTION** CO7 35,060 00 \$
		SUBTOTALS \$	0 00 \$	0 00	5,100 00		- nde	2)
Schedule B Summary 1. Loans received this period		••••		\$	0 00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 3. Net change this period (Subtract Line Enter the net here and on the Summary	paid or forgiven) are also itemized on Sched 2 from Line 1)			\$	0 00 day be a negative number)	INI CC	Contributor Codes D – Individual DM – Recipient Co (other than TH – Other (e g , Y – Political Part CC – Small Contrib	ommittee PTY or SCC) business entity)

Schedule B	-Part 1
Loans Rece	ived

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

** If required

Type or print in ink.
Amounts may be rounded

SCHEDL	비투요	DART 1
JUNEUL	/L.E. F3 -	rar i i

Statement covers period

Schedule B – Part 1 Loans Received	Amounts may be rounded Statement covers period to whole dollars. from				•	CALIFORNI FORM	^A 460	
SEE INSTRUCTIONS ON REVERSE					through 06/30	/2009	Page7	of <u>19</u>
Committee to Elect Patricia Nell Warre	n						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 PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(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	Self Employed Writer/Publisher Same Name	2,000 00	0 00	PAID SO FORGIVEN S	\$ 2,000 00		\$000 00 \$02/19/2007	CALENDAR YEAR \$ 1,460 00 PER ELECTION** G07 35,060 00
TEN IND COM OTH PTY SCC	0.16 = 1				DATE DUE		DATE INCURRED	
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	Self Employed Writer/Publisher Same Name	1,000 00	0 00	PAID S FORGIVEN	- \$	0 00 % RATE	\$	\$1,460 00 PER ELECTION ** G07 35,060 00
TEND COM OTH PTY SCC		\$	\$	s	02/19/2008 DATE DUE	\$	02/19/2007 DATE INCURRED	\$
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211 TEN IND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	2,000 00	\$	PAID S O (FORGIVEN S O (\$	0 00%, RATE 0 00	\$	CALENDAR YEAR \$ 1,460 00 PER ELECTION ** G07 35,060 00 \$
		SUBTOTALS \$	0 00 \$	0	00 \$ 5,000 00	\$ 000		`
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans			• • •	. \$_	0 00	(10		
2 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that				. \$_	0 00		ontributor Codes D – Individual DM – Recipient Co (other than I FH – Other (e g , Y – Political Party	PTY or SCC) business entity)
Net change this period (Subtract Line Enter the net here and on the Summan		• •		NET \$ _	0 00 (May be a negative number)		CC – Small Contrib	

		Type or print in	ink				SCHI	EDULE B - PART
Schedule B – Part 1 Loans Received		ounts may be re to whole dollar	ounded		Statement cov	vers period	CALIFORN FORM	HA 460
SEE INSTRUCTIONS ON REVERSE			<u> </u>		through 06/30	7/2009	Page8	of19_
NAME OF FILER							ID NUMBER	
Committee to Elect Patricia Nell Warr	en						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 PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Patricia Nell Warren	Self Employed			☐ PAID	FERIOD			CALENDAR YEA
8306 Wilshire Blvd #8306	Writer/Publisher			0.0		0 00%	3,000 00	
Beverly Hills, CA 90211	Same Name		-	FORGIVEN	- \$	RATE	\$	\$ 1,460 PER ELECTION
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		3,000 00	\$0 00	—	02/26/2008 DATE DUE	s	02/26/2007 DATE INCURRED	\$ 35,060
Patricia Nell Warren	Self Employed		_	☐ PAID				CALENDAR YEA
8306 Wilshire Blvd #8306	Writer/Publisher			. 00	1,000 00	0 00%	1,000 00	
Beverly Hills, CA 90211	Same Name			FORGIVEN	- •	RATE	\$	PERELECTION
		1,000 00	s	s 0 0	02/27/2008	0 00	02/27/2007	G07 35,060
TE IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	,——
Patricia Nell Warren	Self Employed Writer/Publisher			PAID				CALENDAR YEAR
8306 Wilshire Blvd #8306	Same Name			\$0	3,600 00	0 00%	3,600 00	\$ 1,460
Beverly Hills, CA 90211				FORGIVEN		RATE	1	PER ELECTION
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	03/01/2008 DATE DUE	s	03/01/2007 DATE INCURRED	G07 35 060
		SUBTOTALS \$	0 00 5	\$ 00	7,600 00	\$ 0.00		. ",
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan			•••	\$	0 00			
	•						Contributor Codes	;
2 Loans paid or forgiven this period		,,,,		\$	0 00	1	D – Individual	mmittaa

(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) Enter the net here and on the Summary Page, Column A, Line 2 *Amounts forgiven or paid by another party also must be reported on Schedule A ** If required

(Total Column (c) plus loans under \$100 paid or forgiven)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule E	Part 1
Loans Rece	eived

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

** If required

Type or print in lnk, Amounts may be rounded

SCHEDULE	B-PART
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Statement covers period

Loans Received	Amo	ounts may be ro to whole dollar			from01/01	/2009	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Patricia Nell Warre	n				through06/30	/2009	Page 9 ID NUMBER 1293283	of19
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCCMMITTEE, 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	CLOSE OF THIS	(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 † M IND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	1,000 00 5	\$000	PAID S 0 00 FORGIVEN 0 00 \$	\$	0 00%, RATE 0 00	\$ 1,000 00 \$ 03/22/2007 DATE INCURRED	CALENDAR YEAR
Patricia Nell Warren 8306 Wılshıre Blvd #8306 Beverly Hills, CA 90211 †K ND COM OTH PTY SCC	Self Employed Writer/Publisher Same Name	\$	0 00	PAID S 0 00 FORGIVEN 0 00 0 00	\$	0% % RATE 0 00	\$08/10/2007 DATE INCURRED	\$1,460_00 PER ELECTION ** G07 35,060_00 \$
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	PAID FORGIVEN \$	\$DATE DUE	0% % RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
Cahadula D.C		SUBTOTALS \$	0 00 \$	0 00	\$ 1,400 00	\$ 0 00 (Enter (e) on		,
Schedule B Summary 1. Loans received this period		*** • ••••	•••••	\$	0 00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	, ,			\$	0 00	INI	H - Other (e.g., !	mmittee PTY or SCC) business entity)
 Net change this period (Subtract Line Enter the net here and on the Summary 	2 from Line 1) Page, Column A, Line 2	•	•	NET \$	0 00 ay be a negative number)	SC	Y – Political Party C – Small Contrib	utor Committee

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			State	21 (21 (222		LIFORNIA 46(
SEE INSTRUCTIONS ON REVERSE				through	06/30/2009	Page	10 of 19	
NAME OF FILER Committee to Elect Patricia Nell Warren						1D NUM 129328		
CODES: If one of the following codes accurately described campaign paraphernalia/misc campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications of appearance onses ulating of s s survey resea livery and me	es	RAD rac RFD ret SAL ca TEL t v TRC ca TRS sta TSF tra VOT voi	cribe the payment, do airtime and production urned contributions mpaign workers' salaries or cable airtime and production airtime and productate travel, lodging, an aff/spouse travel, lodging, insfer between committee ter registration commation technology costs	duction costs d meals and meals is of the san	ne candidate/spons	
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	, - .	OFC	_				108 19	
PO Box 94014 Palatine, IL 60094-4014 Chase Card Services								
PO Box 94014 Palatine, IL 60094-4014		POS					63 40	
* Payments that are contributions or independent expenditures	must also be summ	arlzed on S	chedule D.		SU	IBTOTAL\$	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

3 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).

0 00

0 00

Schedule F

Type or print in ink

SCHEDULE E (CONT)

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 01/01/2009	FORM 400
EE INSTRUCTIONS ON REVERSE		through 06/30/2009	- Page11 of19
IAME OF FILER			ID NUMBER
Committee to Elect Patricia Nell Warren			1293283
CODES: If one of the following codes accurately d	describes the payment way may arter the said	Other and the state of the stat	

ES: 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 professional services (legal, accounting) PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (#F 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	Taxı	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 area dis-	<u> </u>		

SUBTOTAL \$

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

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

SCHEDULE E (CONT)

Statem	ent covers period	CALIFORNIA 160
from	01/01/2009	FORM 400
through_	06/30/2009	Page 12 of 19
		I D NUMBER
		1202202

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 independent expenditure supporting/opposing others (explain)* ND 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 Ш campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER ID NUMBER) Chase Card Services PO Box 94014 Palatine, IL 60094-4014 PRO 136 00 ML Associates LLC 8581 Santa Monica Blvd #504 65 42 PRO West Hollywood, CA 90069 ML Associates LLC 8581 Santa Monica Blvd #504 PRO West Hollywood, CA 90069 109 37 ML Associates LLC 8581 Santa Monica Blvd #504 52 23 OFC West Hollywood, CA 90069 ML Associates LLC PRO 8581 Santa Monica Blvd #504 11 67 West Hollywood, CA 90069 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

374 69

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE	E (CC	(TNC
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Statem	ent covers period	CALIFORNIA ACO
from	01/01/2009	FORM 400
through_	06/30/2009	Page13 of19
		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 polling and survey research POL TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services POS TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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 \$

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

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

PET

1 Total accrued expenses incurred this period (Include all Schedule F, Column (b) subtotals for

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)

OFC office expenses

PHO phone banks

MBR member communications

petition circulating

MTG meetings and appearances

from 01/01/2009 CALIFORNIA FORM

through 06/30/2009

RFD returned contributions

SAL campaign workers' salaries

RAD radio airtime and production costs

TRC candidate travel, lodging, and meals

TEL tv or cable airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

NAME OF FILER

Committee to Elect Patricia Nell Warren

Page ___14 of __19

1D NUMBER 1293283

FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	POL polling and survey rese POS postage, delivery and i PRO professional services (PRT print ads	messenger services	TRS staff/spouse tra TSF transfer betwee VOT voter registration	ididate travel, lodging, and meals ff/spouse travel, lodging, and meals isfer between committees of the same candidate/sponsor er registration irmation technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER ID NUMBER) Chase Card Services	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	
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	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,683 55 \$	0 00\$	1,059 80\$	623 75	

accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100) INCURRED TOTALS \$ ______ 811 10

PAID TOTALS \$ ______1,236 00

NET \$ -424 90

May be a negative number

SCHEDULE F (CONT)

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

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

	, ,
Statement covers period from 01/01/2009	CALIFORNIA 460
through06/30/2009	Page 15 of 19
	1D 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.

	campaign paraphernalia/misc	MBR	member communications	RAD	radio airtime and production costs
	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		staff/spouse travel, lodging, and meals
ND	Independent expenditure supporting/opposing others /oynloin*	DOG	postogo dolugay and massanger semuese		

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services

LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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	OFC	108 19	0 00	108 19	0 00
PO Box 94014 Palatine IL 60094-4014					
Chase Card Services	OFC Finance charge	107 33	0 00	0 00	107 33
PO Box 94014 Palatine IL 60094-4014					
Chase Card Services					
PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	153 39	0 00	0 00	153 39
Chase Card Services	070 7				
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 CALIFORNIA 460

n 01/01/2009 FORM

FORM 460

Page _____16___ of ___19__

NAME OF FILER

Committee to Elect Patricia Nell Warren

1D 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	MRP member communications	DAD made and a contract of the

print ads

PRT

CMP campaign paraphernalia/misc MBR member communications
CNS campaign consultants MTG meetings and appearances
CTB contribution (explain nonmonetary)* OFC office expenses
CVC civic donations PET petition circulating
FIL candidate filing/ballot fees PHO phone banks
FND independent expenditure supporting/opposing others (explain)*

ND independent expenditure supporting/opposing others (explain)*

MBR member communications meetings and appearances
OFC office expenses
PET petition circulating phone banks
POL polling and survey research
POL polling and survey research

Independent expenditure supporting/opposing others (explain)*

legal defense

POS pointing and survey research

postage, delivery and messenger services professional services (legal, accounting)

LIT campaign literature and mailings

RAD radio airtime and production costs

06/30/2009

RFD returned contributions SAL campaign workers' salaries

TEL t v or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

through _

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 LD 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	OFC	226 01	0 00	0 00	226 01
PO Box 94014 Palatine IL 60094-4014					
Chase Card Services	OFC	200 03	0 00	0 00	200 03
PO Box 94014 Palatine IL 60094-4014					
Chase Card Services	OFF				
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)

Committee to Elect Patricia Nell Warren

NAME OF FILER

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

SCHEDULE F (CONT)

Statement covers period	CALIFORNIA 460
from01/01/2009	FORM TOU
through06/30/2009	Page 17 of 19
	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 petition circulating PET 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)* 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 professional services (legal, accounting) 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
ML Associates LLC	OFC	0 00	41 90	0 00	41 90
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
ML Associates LLC	PRO	0 00	16 25	0 00	16 25
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
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	\$ 000 \$	208 28	0 00	208 28

SCHEDULE F (CONT)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

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 airlime 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 airlime and production costs

TRO radio airlime and production costs
returned contributions
campaign workers' salaries
t v or cable airlime 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

Independent expenditure supporting/opposing others (explain)*

LEG legal defense

FOL polling and survey research

FOL polling and survey research

FOS postage, delivery and messenger services professional services (legal, accounting)

FOS polling and survey research

FOS postage, delivery and messenger services professional services (legal, accounting)

FOS polling and survey research

FOS po

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
ML Associates LLC	PRO	0 00	108 33	0 00	108 33
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
ML Associates LLC	OFC	0 00	57 05	0 00	57 05
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
ML Associates LLC				-	
8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	0 00	112.92	0 00	112 92
ML Associates LLC				<u> </u>	
8581 Santa Monica Blvd #504 West Hollywood CA 90069	OFC	0 00	55 22	0 00	55 22
	SUBTOTALS	\$ 000	333 52 \$	0 00	333 52

SCHEDULE F (CONT)

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

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

NAME OF FILER
Committee to Elect Patricia Nell Warren

1293283

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code	Otherwis	e, describe the payment.
CMP	campaign paraphernalia/misc	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	·
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating		t v or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		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
ML Associates LLC	PRO	0 00	17 50	0 00	17 50
8581 Santa Monica Blvd #504 West Hollywood CA 90069	2				
ML Associates LLC	OFC	0 00	51.81	0.00	51 81
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
	SUBTOTALS	\$ 000:	69 31	0 00	69 31