

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

ORIGINAL
Type or print in ink.

COVER PAGE

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CALIFORNIA
FORM **460**

Page 1 of 14
For Official Use Only

Statement covers period
from 01/01/2007
through 01/20/2007

Date of election if applicable:
(Month, Day, Year)
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
 - 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)
Additions to Sch F _____
- 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 5/31/07
Date

Executed on 4/30/2007
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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

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 14

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 |
|----------------------|--------------|---|

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 from <u>01/01/2007</u> | CALIFORNIA FORM 460 |
| through <u>01/20/2007</u> | |
| Page <u>3</u> of <u>14</u> | I.D. 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 | \$ 6,395.00 | \$ 6,395.00 |
| 2. Loans Received Schedule B, Line 3 | 19,000.00 | 19,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 25,395.00 | \$ 25,395.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 1,900.00 | 1,900.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 27,295.00 | \$ 27,295.00 |

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 | \$ 1,383.21 | \$ 1,383.21 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 1,383.21 | \$ 1,383.21 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 4,020.15 | 6,191.35 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 1,900.00 | 1,900.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 7,303.36 | \$ 9,474.56 |

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 | \$ 750.00 |
| 13. Cash Receipts Column A, Line 3 above | 25,395.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 1,383.21 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 24,761.79 |

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

| | |
|---|---------|
| 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 | \$ 25,191.35 |

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>01/01/2007</u> | | CALIFORNIA FORM 460 |
| through <u>01/20/2007</u> | | |
| Page <u>4</u> of <u>14</u> | | I.D. 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 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 01/09/2007 | Ronald W. Barazani 2231 San Marco Drive Los Angeles, CA 90068 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 250.00 | 250.00 | G 07 250.00 |
| 01/19/2007 | Linda Beam Jones 137 E 28th Street, Apt 7A New York, NY 10016 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 300.00 | 300.00 | G 07 300.00 |
| 01/05/2007 | Adam Bourque 8306 Wilshire Blvd #8306 Berverly Hills, CA 90210 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retail Sales Ralph Lauren | 100.00 | 100.00 | G 07 100.00 |
| 01/15/2007 | David Carlat 5150 La Vista Ct. Los Angeles, CA 90004 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Political Consultant Same name | 100.00 | 100.00 | G 07 100.00 |
| 01/16/2007 | James Duggins PhD 172 Madrid Street Rancho Mirage, CA 92270 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 1,000.00 | 1,000.00 | G 07 1,000.00 |
| SUBTOTAL \$ | | | | 1,750.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,150.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 245.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,395.00

*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 <u>01/01/2007</u> | | |
| through <u>01/20/2007</u> | | Page <u>5</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Committee to Elect Patricia Nell Warren | | 1293283 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 01/17/2007 | Han Ireland 1653 S. Orange Grove Ave., #4 Los Angeles, CA 90019 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed Film Director Same name | 100.00 | 100.00 | G 07 100.00 |
| 01/17/2007 | Chris Jares 733 North Kings Road Apt 132 Los Angeles, CA 90069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Client Manager Bank Of America | 100.00 | 100.00 | G 07 100.00 |
| 01/08/2007 | Jeffrey Lamkin 2963 Hudson Aurora Rd. Hudson, OH 44236 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ophthalmologist The Retina Group of Northeast Ohio | 250.00 | 250.00 | G 07 250.00 |
| 01/11/2007 | Carlos T. Mock 4728 Malden Street, Unit 1S Chicago, IL 60640 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Writer Same Name | 100.00 | 100.00 | G 07 100.00 |
| 01/11/2007 | Outsports LLC 4688 Cleavland Ave. Los Angeles, CA 90065 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 150.00 | 150.00 | G 07 300.00 |
| SUBTOTAL \$ | | | | 700.00 | | |

***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 <u>01/01/2007</u> | | |
| through <u>01/20/2007</u> | | Page <u>6</u> of <u>14</u> |
| NAME OF FILER Committee to Elect Patricia Nell Warren | | I.D. NUMBER 1293283 |

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 01/19/2007 | Rupal Patel-Ogle 2 Flora Pl. Stamford, CT 06903 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assistant Manager Commerce Bank | 1,000.00 | 1,000.00 | G 07 1,000.00 |
| 01/17/2007 | Eugene La Pietra 6655 Santa Monica Blvd Los Angeles, CA 90038 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Club Owner Circus Disco/Arena | 500.00 | 500.00 | G 07 500.00 |
| 01/12/2007 | Dean Ptichford 1701 Queens Road Los Angeles, CA 90069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed Writer Same name | 250.00 | 250.00 | G 07 250.00 |
| 01/14/2007 | William Rattan 4728 N Malden I-S Chicago, IL 60640 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed Hairdresser Same name | 200.00 | 200.00 | G 07 200.00 |
| 01/05/2007 | Dale Reynolds 5251 Laurel Canyon Blvd. Los Angeles, CA 90046 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Writer Same Name | 100.00 | 100.00 | G 07 100.00 |
| SUBTOTAL \$ | | | | 2,050.00 | | |

*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 <u>01/01/2007</u> | | |
| through <u>01/20/2007</u> | | Page <u>7</u> of <u>14</u> |
| NAME OF FILER Committee to Elect Patricia Nell Warren | | I.D. NUMBER 1293283 |

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 01/02/2007 | John R. Selig 3225 Turtle Creek Blvd. No 501 Dallas, TX 75219 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Advertising Publicis | 200.00 | 200.00 | G 07 200.00 |
| 01/03/2007 | Charles Silverstein 233 West 83rd. Street Apt 7A New York, NY 10024 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed Psychologist Same name | 100.00 | 100.00 | G 07 100.00 |
| 01/12/2007 | Robert L. Taylor 80 Kendal Drive Overlin, OH 44074 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Writer Same Name | 250.00 | 250.00 | G 07 250.00 |
| 01/09/2007 | Winfield D. Wagner 5203 Cedar Springs Road Dallas, TX 75325 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 1,000.00 | 1,000.00 | G 07 1,000.00 |
| 01/20/2007 | Greg Zabilski 11628 Riverside Drive Valley Village, CA 91602 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Photographer Same Name | 100.00 | 1,000.00 | G 07 1,000.00 |
| SUBTOTAL \$ | | | | 1,650.00 | | |

*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.

| | |
|--|-------------------------------|
| Statement covers period from <u>01/01/2007</u> through <u>01/20/2007</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>14</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 | \$ 0.00 | \$ 15,000.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 15,000.00 01/14/2008 DATE DUE | 0.00% RATE \$ 0.00 | \$ 15,000.00 01/15/2007 DATE INCURRED | CALENDAR YEAR \$ 19,000.00 PER ELECTION** G07 19,000.00 |
| 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 | \$ 0.00 | \$ 4,000.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 4,000.00 01/15/2008 DATE DUE | 0.00% RATE \$ 0.00 | \$ 4,000.00 01/15/2007 DATE INCURRED | CALENDAR YEAR \$ 19,000.00 PER ELECTION** G07 19,000.00 |
| † <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 | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 19,000.00 | \$ 0.00 | \$ 19,000.00 | \$ 0.00 | | | |

Schedule B Summary

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

- Loans received this period \$ 19,000.00
(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 \$** 19,000.00
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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2007</u> through <u>01/20/2007</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>14</u> |
| I.D. 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 I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 01/20/2007 | Irene Soderberg 4147 Tivoli Ave. Los Angeles, CA 90066 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed Event Producer Same name | Fundraising event production | 1,000.00 | 1,000.00 | G 07 1,000.00 |
| 01/20/2007 | Greg Zabilski 11628 Riverside Drive Valley Village, CA 91602 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Photographer Same Name | Photography | 900.00 | 1,000.00 | G 07 1,000.00 |
| | | <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 | | | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | | SUBTOTAL \$ | 1,900.00 | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,900.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 1,900.00

***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 E
Payments Made**

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

| | | |
|---|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 01/20/2007 | Page <u>10</u> of <u>14</u> |
| NAME OF FILER | | I.D. 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/spons |
| 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 |
|--|---------|------------------------|-------------|
| PMG Professional Management Group, Inc. PO Box 461317 West Hollywood CA 90046-9317 | OFC | | 170.70 |
| PMG Professional Management Group, Inc. PO Box 461317 West Hollywood CA 90046-9317 | CNS | | 1,000.00 |
| Superior Press 11930 Hamden Place Santa Fe Springs CA 90670 | OFC | | 21.63 |

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

SUBTOTAL \$ 1,192.33

Schedule E Summary

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1,307.59 |
| 2. Unitemized payments made this period of under \$100 | \$ 75.62 |
| 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 \$ 1,383.21 |

**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 | 01/01/2007 | |
| through | 01/20/2007 | Page <u>11</u> of <u>14</u> |
| NAME OF FILER | | I.D. 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.

- | | | |
|--|--|--|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| 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 |
|---|------|----|------------------------|-------------|
| Superior Press 11930 Hamden Place Santa Fe Springs CA 90670 | OFC | | | 26.89 |
| Superior Press 11930 Hamden Place Santa Fe Springs CA 90670 | OFC | | | 88.37 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 115.26

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

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

| | |
|--|---------------------------------------|
| Statement covers period from <u>01/01/2007</u> through <u>01/20/2007</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>14</u> |
| | 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 |
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| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| 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 |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| PMG Professional Management Group, Inc. PO Box 461317 West Hollywood CA 90046-9317 | CNS | 1,000.00 | 0.00 | 1,000.00 | 0.00 |
| PMG Professional Management Group, Inc. PO Box 461317 West Hollywood CA 90046-9317 | OFC | 170.70 | 0.00 | 170.70 | 0.00 |
| ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069 | PRO | 1,000.50 | 0.00 | 0.00 | 1,000.50 |

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

| | | | | |
|---------------------|-------------|---------|-------------|----------|
| SUBTOTALS \$ | 2,171.20 \$ | 0.00 \$ | 1,170.70 \$ | 1,000.50 |
|---------------------|-------------|---------|-------------|----------|

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 \$** 5,190.85
- 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 \$** 1,170.70
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 4,020.15
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 | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 01/20/2007 | Page <u>13</u> of <u>14</u> |
| 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.

- | | | |
|--|--|--|
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks CA 91403 | CNS | 0.00 | 1,000.00 | 0.00 | 1,000.00 |
| Solters & Digney LLC 15260 Ventura Blvd., Ste. 2100 Sherman Oaks CA 91403 | OFC | 0.00 | 75.79 | 0.00 | 75.79 |
| Sharp Image Printing 6230 Wilshire Blvd. Los Angeles CA 90048 | CMP | 0.00 | 623.48 | 0.00 | 623.48 |
| Political Data Inc. PO Box 1706 Burbank CA 91507 | LIT | 0.00 | 191.58 | 0.00 | 191.58 |
| SUBTOTALS \$ | | 0.00 \$ | 1,890.85 \$ | 0.00 \$ | 1,890.85 |

**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 | 01/01/2007 | |
| through | 01/20/2007 | Page <u>14</u> of <u>14</u> |
| 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 |
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| 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| PMG Professional Management Group, Inc. PO Box 461317 West Hollywood CA 90046-9317 | CNS | 0.00 | 3,000.00 | 0.00 | 3,000.00 |
| James Stelzer 1636 Vista Lake Circle West Melbourne FL 32904 | WEB | 0.00 | 300.00 | 0.00 | 300.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00 \$ | 3,300.00 \$ | 0.00 \$ | 3,300.00 |