

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 3

For Official Use Only

Type or print in ink.
COPY

Statement covers period
from 07/01/2009
through 12/31/2009

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 6)
- 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

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 8981 Santa Monica Blvd., #904

CITY STATE ZIP CODE AREA CODE/PHONE

West Hollywood, CA 90069

OPTIONAL: FAX / E-MAIL ADDRESS

323-395-0519

Treasurer(s)

NAME OF TREASURER

Kevin Sumida
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 1/31/10
Date

Executed on 1/12/2010
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By Patricia Nell Warren
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.

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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.
COPY

SUMMARY PAGE

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>19</u>	ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Patricia Nell Warren

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ 1,443.00	\$ 2,903.00
2 Loans Received	Schedule B, Line 3	0.00	19,100.00
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,443.00	\$ 22,003.00
4 Nonmonetary Contributions	Schedule C, Line 3	642.96	642.96
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 2,085.96	\$ 22,645.96

**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 \$ _____ \$ _____

		Column A	Column B
6 Payments Made	Schedule E, Line 4	\$ 939.74	\$ 2,657.90
7 Loans Made	Schedule H, Line 3	0.00	0.00
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 939.74	\$ 2,657.90
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-1,233.00	1,203.25
10 Nonmonetary Adjustment	Schedule C, Line 3	642.96	642.96
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 349.70	\$ 4,504.11

**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	\$ 45.99
13 Cash Receipts	Column A, Line 3 above	1,443.00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15 Cash Payments	Column A, Line 8 above	939.74
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 549.25

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)

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	\$ 20,303.25

*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.
COPY

SCHEDULE A

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>19</u>	ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2009	Tyler St. Mark 8306 Wilshire Blvd 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	Partner Wildcat International	200 00	200.00	G 07 200.00
07/06/2009	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	400 00	2,703 00	G 07 36,303 00
07/29/2009	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	78 00	2,703.00	G 07 36,303 00
08/18/2009	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	80 00	2,703 00	G 07 36,303 00
09/11/2009	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	135 00	2,703.00	G 07 36,303.00

SUBTOTAL \$ 893 00

Schedule A Summary

1 Amount received this period - itemized monetary contributions (Include all Schedule A subtotals)	\$ 1,443 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 \$ 1,443 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
COPY

SCHEDULE A (CONT)

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>19</u>	ID NUMBER <u>1293283</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 DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2009	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	150.00	2,703.00	G 07 36,303 00
11/24/2009	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	400.00	2,703 00	G 07 36,303 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				
SUBTOTAL \$				550.00		

*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.

COPY

Statement covers period
from 07/01/2009
through 12/31/2009

SCHEDULE B - PART 1

CALIFORNIA FORM 460

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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 \$ 2,703 00 PERELECTION** 007 36,303 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 \$ 2,703 00 PERELECTION** 007 36,303 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 \$ 2,703 00 PERELECTION** 007 36,303 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.

COPY

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
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 \$ 2,703 00 PER ELECTION** 007 36,303 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 \$ 2,703 00 PER ELECTION** 007 36,303 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 \$ 2,703 00 PER ELECTION** 007 36,303 00 \$
SUBTOTALS \$		\$ 0 00	\$ 0 00	\$ 0 00	\$ 5,000 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)

†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

COPY

SCHEDULE B - PART 1

Statement covers period
from 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460

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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	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 \$ 2,793.00 PER ELECTION** \$ 36,303.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	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 \$ 2,793.00 PER ELECTION** \$ 36,303.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	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 \$ 2,793.00 PER ELECTION** \$ 36,303.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
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)

†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.

COPY

SCHEDULE B - PART 1

Statement covers period
from 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460

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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	\$ 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 \$ 2,703 00 PER ELECTION** 36,303 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 \$ 2,703 00 PER ELECTION** 36,303 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)

- 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)

†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

COPY

Statement covers period
from 07/01/2009
through 12/31/2009

CALIFORNIA FORM 460

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SCHEDULE C

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	199 99	642 96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	41 90	642.96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	16 25	642 96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	53 88	642 96	

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 312 02

Schedule C Summary

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

\$ 642 96
\$ 0 00
TOTAL \$ 642 96

*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 C
Nonmonetary Contributions Received
Continuation Sheet**

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

COPY

SCHEDULE C

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>19</u>	ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	96.25	642.96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	108.33	642.96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	57.05	642.96	
12/31/2009	ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	17.50	642.96	
Attach additional information on appropriately labeled continuation sheets					SUBTOTAL \$	279.13	

**Schedule C
Nonmonetary Contributions Received
Continuation Sheet**

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

COPY

SCHEDULE C

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>19</u>	
ID NUMBER 1293283	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2009	HL Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	51 81	642 96	
		<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					

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 51 81

**Schedule E
Payments Made**

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

COPY

Statement covers period		SCHEDULE E	
from	07/01/2009	CALIFORNIA FORM 460	
through	12/31/2009	Page	13 of 19
		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 tv 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			250 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO			78 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO			78 00

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

SUBTOTAL \$ 406 00

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$ 939 74
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 \$ 939 74

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

SCHEDULE E (CONT)

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

COPY

Statement covers period		CALIFORNIA FORM 460
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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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO		78 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	PRO		78 00
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	OFC	Finance charge	78.00
ML Associated LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		55 22
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		112 92

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

SUBTOTAL \$ 402 14

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

SCHEDULE E (CONT)

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

COPY

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2009	Page <u>15</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Patricia Nell Warren

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		14 10
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		56 00
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		35 00
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		26 50

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

SUBTOTAL \$ 131 60

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

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

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t v or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE 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	PRO	623.75	0.00	562.00	61.75	
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	OFC Finance charge	107.33	0.00	78.00	29.33	
Chase Card Services PO Box 94014 Palatine, IL 60094-4014	OFC Finance charge	153.39	0.00	0.00	153.39	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D		SUBTOTALS \$	884.47 \$	0.00 \$	640.00 \$	244.47

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 \$	<u>-424.86</u>
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 \$	<u>808.14</u>
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 \$	<u>-1,233.00</u> <small>May be a negative number</small>

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

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

COPY

SCHEDULE F (CONT)

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
Page <u>17</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 tv or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	103 52	0 00	0 00	103 52
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	226 01	0 00	0 00	226 01
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	200 03	0 00	0 00	200 03
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	172 90	0 00	0 00	172 90
SUBTOTALS \$		702.46 \$	0 00 \$	0 00 \$	702 46

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

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

SCHEDULE F (CONT)

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
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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 | MER 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 tv 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
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	199 99	-199 99	0 00	0 00
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	108.33	-108 33	0.00	0.00
ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood CA 90069	PRO	112 92	0 00	112 92	0 00
ML Associates 8581 Santa Monica Blvd Ste 504 West Hollywood CA 90069	PRO	0 00	90 60	0 00	90 60
SUBTOTALS \$		421 24 \$	-217 72 \$	112 92 \$	90 60

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

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

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SCHEDULE F (CONT)

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	CALIFORNIA FORM 460
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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

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CVP campaign paraphernalia/misc | MER 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 tv 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
ML Associates 8581 Santa Monica Blvd Ste 504 West Hollywood CA 90069	OFC	0.00	40.56	0.00	40.56
ML Associates 8581 Santa Monica Blvd Ste 504 West Hollywood CA 90069	PRO	0.00	17.50	0.00	17.50
ML Associates 8581 Santa Monica Blvd Ste 504 West Hollywood CA 90069	OFC	0.00	50.38	0.00	50.38
SUBTOTALS \$		0.00 \$	108.44 \$	0.00 \$	108.44