

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2009
through June 30, 2009

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

Date Stamp
RECEIVED
CITY OF WALNUT
CITY CLERKS OFFICE
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CALIFORNIA FORM 460
For Official Use Only

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to elect Tony Cartagena

I.D. NUMBER
1258309

STREET ADDRESS (NO P.O. BOX)
21200 E. Valley View Dr.

CITY
Walnut

STATE
CA

ZIP CODE
91789

AREA CODE/PHONE
909-595-4364

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

CITY
Walnut

STATE
CA

ZIP CODE
91789

AREA CODE/PHONE
626-964-8662

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Filina Fontejon

MAILING ADDRESS
19123 Amber Valley Dr.

CITY
Walnut

STATE
CA

ZIP CODE
91789

AREA CODE/PHONE
626-964-8662

NAME OF ASSISTANT TREASURER, IF ANY
Ofie Uajle

MAILING ADDRESS
965 Pebble Creek Lane

CITY
Walnut

STATE
CA

ZIP CODE
91789

AREA CODE/PHONE
626-912-3785

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/14/09 Date

Executed on 7/14/09 Date

Executed on _____ Date

By [Signature] Signature of Treasurer/Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proposer/Responsible Officer of Sponsor

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

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

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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Antonio " Tony" Cartagena

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Walnut City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
21200 E. Valley View Dr. Walnut CA 91789

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	CONTROLLED COMMITTEE?
Committee to elect Tony Cartagena	1258309	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER Flina Fontejon		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 21200 E. Valley View Dr.		
CITY STATE ZIP CODE AREA CODE/PHONE Walnut CA 91789 909-595-4364		
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		

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Tony Cartagena	Walnut City Council	<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

CALIFORNIA FORM 460

Statement covers period from January 1, 2009 through June 30, 2009

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to elect Tony Cartagena

I.D. NUMBER
1258309

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL/TO DATE
1. Monetary Contributions	Schedule A, Line 3	21,834.61
2. Loans Received	Schedule B, Line 3	100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	21,934.61
4. Nonmonetary Contributions	Schedule C, Line 3	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	21,934.61

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	278.00
7. Loans Made	Schedule H, Line 3	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	278.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0
10. Nonmonetary Adjustment	Schedule G, Line 3	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	278.00

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	2,973.38
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	278.00
15. Cash Payments	Column A, Line 8 above	2,695.38
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	2,695.38

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 100.00

**Schedule E
Payments Made**

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

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
1258309

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

- CMF campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POI polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv 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
- 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
Mary Su 21201 La Puente Rd. Walnut, CA 91789	IND		Independent expenditures supporting others	100.00

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

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 100.00
- 2. Unitemized payments made this period of under \$100 \$ 178.00
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 278.00