

**Recipiant Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA **460**
2001/02
FORM

Page 1 of 3

For Official Use Only

Date Stamp

RECEIVED

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

10 JAN -7 P 5:24

Statement covers period

from July 1, 2009

through December 31, 2009

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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement: CITY CLERKS OFFICE

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1258309

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

Committee to elect Tony Cartagena

STREET ADDRESS (NO P.O. BOX)

21200 E. Valley View Dr.

CITY

Walnut

STATE ZIP CODE

CA 91789

AREA CODE/PHONE

909-595-4364

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

CITY

Walnut

STATE ZIP CODE

CA 91789

AREA CODE/PHONE

626-912-3785

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Filina Fontejon

MAILING ADDRESS

19123 Amber Valley Dr.

CITY

Walnut

STATE ZIP CODE

CA 91789

AREA CODE/PHONE

626-964-8662

NAME OF ASSISTANT TREASURER, IF ANY

Ofie Uaje

MAILING ADDRESS

965 Pebble Creek Lane

CITY

Walnut

STATE ZIP CODE

CA 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 1/6/10 Date

Executed on 1/6/10 Date

Executed on _____ Date

Executed on _____ Date

By Filina Fontejon Signature of Treasurer or Assistant Treasurer

By Antonio J. Cartagena Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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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 Committee to elect Tony Cartagena	I.D. NUMBER 1258309
NAME OF TREASURER Filna Fontejon	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 21200 E. Valley View Dr.	STREET ADDRESS (NO P.O. BOX)
CITY Walnut	STATE ZIP CODE AREA CODE/PHONE CA 91789 909-594-4364
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

6. 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 Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Tony Cartagena	OFFICE SOUGHT OR HELD Walnut City Council	<input checked="" 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 **July 1, 2009**
through **December 31, 2009**

Page **3** of **3**

I.D. NUMBER
1258309

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Tony Cartagena

Contributions Received

**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 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

Expenditures Made

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election _____ Total to Date _____
(mm/dd/yy)

6. Payments Made Schedule E, Line 4	\$ 569.70	19,919.93
7. Loans Made Schedule H, Line 3	\$ -0-	-0-
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 569.70	19,919.93
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ -0-	-0-
10. Nonmonetary Adjustment Schedule C, Line 3	\$ -0-	-0-
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 569.70	19,919.93

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 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).
13. Cash Receipts Column A, Line 3 above	\$ -0-	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ -0-	
15. Cash Payments Column A, Line 8 above	\$ 569.70	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 2,125.68	

17. LOAN GUARANTEES RECEIVED

..... Schedule B, Part 2	\$ -0-
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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

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.