

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM

460

Page 1 of 4
For Official Use Only

Date Stamp

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Type or print in ink.

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

Statement covers period
from January 1, 2010
through June 30, 2010

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- 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

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

I.D. NUMBER
1258309

Treasurer(s)

NAME OF TREASURER
Filna Fontejon

MAILING ADDRESS
19123 Amber Valley Dr.

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

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 7/14/10 Date

Executed on 7/14/10 Date

Executed on _____ Date

Executed on _____ Date

By  Signature of Treasurer or Assistant Treasurer

By  Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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 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 CA
	ZIP CODE 91789
	AREA CODE/PHONE 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. 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
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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 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 January 1, 2010
through June 30, 2010

CALIFORNIA
FORM **460**

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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	\$ -100.00	\$ 21,934.61
2. Loans Received Schedule B, Line 3	\$ -100.00	\$ -100.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ -100.00	\$ 21,834.61
4. Nonmonetary Contributions Schedule C, Line 3	\$ -0-	\$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -100.00	\$ 21,834.61

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	\$ 333.00	\$ 20,252.93
7. Loans Made Schedule H, Line 3	\$	\$
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 333.00	\$ 20,252.93
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$	\$
10. Nonmonetary Adjustment Schedule C, Line 3	\$	\$
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 333.00	\$ 20,252.93

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	\$ 2,125.68
13. Cash Receipts Column A, Line 3 above	\$ -100.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ -0-
15. Cash Payments Column A, Line 8 above	\$ 333.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,692.68

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

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	\$ -0-

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.

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

**Schedule B - Part 1
Loans Received**

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

Statement covers period from January 1, 2010 through June 30, 2010		Page 4 of 4		I.D. NUMBER 1258309		
(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
\$ 100.00	\$	<input checked="" type="checkbox"/> PAID \$ 100.00 <input type="checkbox"/> FORGIVEN \$	\$ -0-	%	\$	\$
\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	DATE DUE	%	DATE INCURRED	PER ELECTION**
\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	DATE DUE	%	DATE INCURRED	PER ELECTION**
\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	DATE DUE	%	DATE INCURRED	PER ELECTION**
SUBTOTALS \$		\$ 100.00	\$ -0-	\$ -0-	\$ -0-	\$ -0-

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 100.00
(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 \$ -100.00**
Enter the net here and on the Summary Page, Column A, Line 2.

†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.