

**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 1/1/07
through 6/30/07

Date of election if applicable:
(Month, Day, Year)
4/13/06

Date Stamp
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For Official Use Only

CALIFORNIA 460 FORM

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)

3. Committee Information

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

Committee to Elect Tony Cartagena

ID. 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 _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Filna 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 Uaje

MAILING ADDRESS
965 Pebble Creek Lane

CITY Walnut STATE CA ZIP CODE 91789 AREA CODE/PHONE 626-712-3712

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 7/24/07 Date

Executed on 7/24/07 Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

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

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

By _____ Signature of Controlling Officer/candidate, 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	I.D. NUMBER
Committee to Elect Tony Cartagena	
NAME OF TREASURER Filna Fontejon	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 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
 SUPPORT OPOSE

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"/> OPOSE
Tony Cartagena	Walnut City Council	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

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 1/01/07 through 6/30/07

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I.D. NUMBER 1258309

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee To Elect Tony Cartagena

Contributions Received

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

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 \$ 133.46	\$ 133.46
7. Loans Made	Schedule H, Line 3 \$	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 133.46	\$ 133.46
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$	\$
10. Nonmonetary Adjustment	Schedule G, Line 3 \$	\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 133.46	\$ 133.46

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 \$ 244.46
13. Cash Receipts	Column A, Line 3 above \$ -0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 133.46
15. Cash Payments	Column A, Line 8 above \$ 111.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$

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

Cash Equivalents and Outstanding Debts

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