

**CITY CLERK**  
**2015 FEB -2 AM 10: 11**

**Recipient Committee  
 Campaign Statement  
 Cover Page**

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page 1 of 10 For Official Use Only

Statement covers period from 07/01/2014 through 12/31/2014	Date of Election if applicable  (Month, Day, Year)
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**1. Type of Recipient Committee**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primary Formed Ballot Measure Committee         |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled                                      |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored                                       |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primary Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Statement                            |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment                        |  |

**3. Committee Information**

I.D. Number 1363257

COMMITTEE NAME  
 Paula Devine For City Council 2015

**Treasurer(s)**

NAME OF TREASURER  
 Jane Leiderman

STREET ADDRESS

CITY Los Angeles STATE CA ZIP CODE 90048 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO PO BOX)

CITY Los Angeles STATE CA ZIP CODE 90048 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

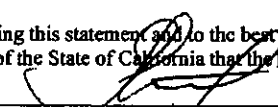
CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

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 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 1/28/15	By 
Executed on 1/15/15	By Paula Devine
Executed on _____	By _____
Executed on _____	By _____

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

Statement covers period  
from 07/01/2014  
through 12/31/2014  
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Paula Devine  
OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE )  
City Council Member City of Glendale  
RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
[REDACTED] Glendale CA 91207

**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  
NAME OF TREASURER CONTROLLED COMMITTEE ?  
 YES  NO  
COMMITTEE STREET ADDRESS ( NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER  
NAME OF TREASURER CONTROLLED COMMITTEE ?  
 YES  NO  
COMMITTEE 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  
 SUPPORT  
 OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER OR 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  
 SUPPORT  
 OPPOSE  
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE  
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE  
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Paula Devine For City Council 2015

I.D NUMBER  
1363257

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B TOTAL YEAR TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 3,300.00	\$ 36,275.00
2. Loans Received ..... Schedule B, Line 3	8,600.00	61,100.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2	\$ 11,900.00	\$ 97,375.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	1,829.86
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 11,900.00	\$ 99,204.86

**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
<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 5,849.63	\$ 89,196.21
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 5,849.63	\$ 89,196.21
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	1,829.86
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 5,849.63	\$ 91,026.07

**Expenditure Limit Summary  
for State Candidates**

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

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 2,128.42
13. Cash Receipts ..... Column A, Line 3 above	11,900.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	169.85
15. Cash Payments ..... Column A, Line 8 above	5,849.63
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,348.64

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts ..... Add Lines 2 + Line 9 in Column B above	\$ 61,100.00

**Schedule A  
Monetary Contributions Received**

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2014	
through	12/31/2014	Page 4 of 10

NAME OF FILER Paula Devine For City Council 2015

I.D NUMBER  
1363257

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/05/2014	Abkarian & Associates [REDACTED] Glendale, CA 91208	OTH		500.00	500.00	500 (P15)
12/23/2014	Allen Lisa Inc Studio One Skin Care [REDACTED] Glendale, CA 91206	OTH		150.00	400.00	150 (P15)
12/23/2014	Roberta Brundige [REDACTED] Glendale, CA 91214	IND	Retired  N.A.	200.00	200.00	200 (P15)
12/23/2014	Lyn S. Foster [REDACTED] Glendale, CA 91207	IND	Retired  N.A.	250.00	500.00	250 (P15)

**SUBTOTAL \$ 1,100.00**

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	3,250.00
2. Amount received this period - unitemized .....	\$	50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1) .....	<b>TOTAL \$</b>	<b>3,300.00</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460(Jan/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM <b>460</b>
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through	12/31/2014	Page 5 of 10

NAME OF FILER Paula Devine For City Council 2015

I.D. NUMBER  
1363257

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2014	Laura Guillory [REDACTED] Glendale, CA 91205	IND	Retired  N.A.	500.00	950.00	500 (P15)
11/05/2014	Malekian + Associates [REDACTED] Montrose, CA 91020	OTH		250.00	349.00	250 (P15)
12/23/2014	Carol Merry [REDACTED] Glendale, CA 91207	IND	Retired  N.A.	100.00	350.00	100 (P15)
11/05/2014	Patrick Wade [REDACTED] Glendale, CA 91205	IND	Real Estate Investor  Patrick Wade	500.00	1,000.00	500 (P15)

**SUBTOTAL \$** 1,350.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Paula Devine For City Council 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2014	Steven B. Warheit [REDACTED] Glendale, CA 91207	IND	Retired  N.A.	100.00	200.00	100 (P15)
12/12/2014	Georgiana Ky Wu [REDACTED] Glendale, CA 91206	IND	Medical  Ronald S. Wu MD Inc.	200.00	200.00	200 (P15)
12/12/2014	Suzanne D. Zachary [REDACTED] Glendale, CA 91202	IND	Psychologist  Suzanne D. Zachary	500.00	750.00	500 (P15)

**SUBTOTAL \$** 800.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Paula Devine For City Council 2015

I.D. NUMBER  
1363257

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE. ID NUMBER	(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
				<input checked="" type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
Paula Devine [REDACTED] Glendale, CA 91207		5,000.00		<input checked="" type="checkbox"/> PAID 1400.00	<input type="checkbox"/> FORGIVEN	3600.00	0.00	5,000.00	CALENDAR YEAR 61,100 PER ELECTION ** 10,000 (P15)
Contributor Code: IND						DUE DATE / /	INTEREST RATE 0.00 %	DATE INCURRED 01/31/2014	
Paula Devine [REDACTED] Glendale, CA 91207		20,000.00		<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	20000.00	0.00	20,000.00	CALENDAR YEAR 61,100 PER ELECTION ** 10,000 (P15)
Contributor Code: IND						DUE DATE 05/05/2015	INTEREST RATE 0.00 %	DATE INCURRED 05/05/2014	
Paula Devine [REDACTED] Glendale, CA 91207		25,000.00		<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	25000.00	0.00	25,000.00	CALENDAR YEAR 61,100 PER ELECTION ** 10,000 (P15)
Contributor Code: IND						DUE DATE 05/19/2015	INTEREST RATE 0.00 %	DATE INCURRED 05/19/2014	

**SUBTOTALS \$** (b) 0.00 (c) 1400.00 (d) 48,600.00 (e) 0.00

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 10,000.00
- Loans paid or forgiven this period ..... \$ 1,400.00  
(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 \$** 8,600.00  
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  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1 (Continued)**  
**Loans Received**

SCHEDULE B - PART 1

Statement covers period from 07/01/2014 through 12/31/2014	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Paula Devine For City Council 2015

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Paula Devine [REDACTED] Glendale, CA 91207 Contributor Code: IND		2,500.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	2500.00 DUE DATE / /		2,500.00 DATE INCURRED 06/30/2014	CALENDAR YEAR 61,100 PER ELECTION** 10,000 (P15)
Paula Devine [REDACTED] Glendale, CA 91207 Contributor Code: IND			10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	10000.00 DUE DATE 11/14/2015		10,000.00 DATE INCURRED 11/14/2014	CALENDAR YEAR 61,100 PER ELECTION** 10,000 (P15)

**SUBTOTALS \$** (b) 10,000.00 (c) 0.00 (d) 12,500.00 (e) 0.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee



**Schedule E  
Payments Made**

SCHEDULE E

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER Paula Devine For City Council 2015		I.D NUMBER 1363257

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Garrett Biggs [REDACTED] Encino, CA 91316	CNS		5,000.00
Padilla & Associates [REDACTED] Los Angeles, CA 90048	PRO		467.39
Weberg Technology Consulting [REDACTED] La Grange, KY 40031	WEB		250.00
<b>SUBTOTAL \$</b>			<b>5,717.39</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,717.39
2. Unitemized payments made this period of under \$100	\$ 132.24
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 5,849.63</b>

**Schedule I  
Miscellaneous Increases to Cash**

SCHEDULE I

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Paula Devine For City Council 2015

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/31/2014	Padilla & Associates [REDACTED] Los Angeles, CA 90048	Refund of Merchant Fees	139.85

**SUBTOTAL \$ 139.85**

**Schedule I Summary**

1. Itemized increases to cash this period . . . . .	\$ 139.85
2. Unitemized payments made this period of under \$100 . . . . .	\$ 30.00
3. Total interest received this period on loans made to others. (Schedule H, Column (e).) . . . . .	\$ 0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14 . . . . .	<b>TOTAL \$ 169.85</b>