Type or print in i	Date	Stamp	COVER PAGE CALIFORNIA FORM 460	
	(Month, Day, Year)	le:		Page of For Official Use Only
through 3/17/2014	6/3/2014	-		
marily Formed Ballot Measure minittee Controlled Sponsored Complete Pair 6) narilly Formed Candidate/ iceholder Committee	<ul> <li>Preelection Stateme</li> <li>Semi-annual Statem</li> <li>Termination Stateme (Also file a Form 410)</li> </ul>	nt ent. nt 9 Termination)	☐ Spec ☐ Supp	rterly Statement sial Odd-Year Report plemental Preelection ement - Attach Form 495
E AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Rosalyn Butala MAILING ADDRESS CITY Glendale NAME OF ASSISTANT TREAS MAILING ADDRESS	(		
AREA CODE/PHONE	CITY	Ś	TATE ZIP C	ODE AREA CODE/PHONE
ByByByBy	viedge the information contained South Bet Signify bit reasurer or Assist Vermey rolling Officatiology, Candidate, State Measure	herein and in the at ant Treasurer Proponent or Responsible	Officer of Sponsor	les is frue and complete. I certify
	Statement covers period         from       1/1/2014         through       3/17/2014         plete Parts 1, 2, 3, and 4.         marily Formed Ballot Measure         militee         Controlled         Sponsored         a Complete Part 5)         narily Formed Candidate/         iceholder Committee         a Complete Part 7)         NUMBER         63642         AREA CODE/PHONE         AREA CODE/PHONE         AREA CODE/PHONE         Signification of my known         his statement and to the best of my known         by	Statement covers period from       1/1/2014       Date of election if applicable (Month, Day, Year)         through       3/17/2014       6/3/2014         plete Parts 1, 2, 3, and 4.       2. Type of Statement:         maniy Formed Ballot Measure mmiltee       Semi-annual Statement:         Controlled       Semi-annual Statement:         Sponsored       - Complete Part 6)         narily Formed Candidate/ Icceholder Committee       Amendment (Explain Amendment (Explain         narily Formed Candidate/ Icceholder Committee       Treasurer(s)         NUMBER       Treasurer(s)         63642       NAME OF TREASURER Rosalyn Butala         MAILING ADDRESS       Citry         Glendale       NAME OF ASSISTANT TREASURER         NAME OF ASSISTANT TREASURER       MAILING ADDRESS         Citry       Citry         Glendale       NAME OF ASSISTANT TREASURER         MAILING ADDRESS       Citry         Signeture of Controlling Officiancider, State Measure         By       Signeture of Controlling Officiancider, State Measure	Type or print in ink.       2014 HAR 24 P       Statement covers period from	2014 HAR 24 PH 3: 37.         Statement covers period from

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Date

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Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772) State of California

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

Type or print in lnk.



#### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Rick Barnes		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	IF APPLICABLI	1
Glendale City Council 2014		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP
Glendale CA	91202	

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?
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
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	

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	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	UPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

· · · · · · · · · · · · · · · · · · ·						
Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.	led'	Statement covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		e th	17/2014	Page 3 of 14		
NAME OF FILER Rick Barnes for Glendale City Council 2014	· · · · · · · · · · · · · · · · · · ·	, <u></u> , <u></u> , <u></u>		I.D. NUMBER		
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B Calendar year Total to date		1363642 mary for Candidates e State Primary and		
1. Monetary Contributions	s5,369.00	\$5,369.		nough 6/30 7/1 to Date		
2. Loans Received         Schedule B, Line 3           3. SUBTOTAL CASH CONTRIBUTIONS         Add Lines 1 + 2	10,000.00 \$15,369.00	10,000. \$ 15,369.	.00	S-		
<ol> <li>Nonmonetary Contributions</li></ol>	0.00 s15,369.00	0. \$15,369.	.00 21. Expenditures	\$		
Expenditures Made 6. Payments Made	š 3,418:00	s. <u>3418</u> .	.00 Expenditure Limit S Candidates	Summary for State		
7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7	s0.00	0. s3.418.		e Expenditures Made* Voluntary Expenditure Limk)		
9. Accrued Expenses (Unpaid Bills)	0.00		.00 Date of Election	Total to Date		
11. TOTAL EXPENDITURES MADE	s <u>3,418.00</u>	\$ 3,418.	.00	_ \$		
Current Cash Statement 12. Beginning Cash Balance	s0.00					
13. Cash Receipts	15,369.00 0.00	To calculate Column B amounts in Column A corresponding amoun	to the Its *Amounts in this section m	ay be different from amounts		
15. Cash Payments	3,418.00	from Column B of you report. Some amount	ir last is in			
16. ENDING CASH BALANCE	\$11,951.00	Column A may be neg figures that should be subtracted from previ period amounts. If thi	ious			
17. LOAN GUARANTEES RECEIVED	s0.00	the first report being f for this calendar year, carry over the amoun	filëd ; only			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ <u>0.00</u> \$ 10,000.00	from Lines 2, 7, and 9 any).				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helplin	FPPC Form 460 (January/0 e: 866/ASK-FPPC (866/275-377		

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Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cov from1/1	vers period /2014	CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through3/*	17/2014	Page	of 14	
NAME OF FILER Rick Barn	es for Glendale City Council 2014			[		I.D. NUMBER 1363642		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE; ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO	ELECTION DATE EQUIRED)	
3/3/2014	Marion Mandeson Glendale, CA 91203		Community Volunteer Glendale Police Deptartment	100.00	100.00		100.00	
3/7/2014	Michael Levin Glendale, CA 91206		Self-Employed whittier Penning	1,000.00	1,000	.00	1,000.00	
3/7/2014	Diane E. H. Dixon Glendale, CA 91202		Retired	100:00	100	.00	100.00	
3/7/2014	Mary Lotz La Cresenta, CA 91214		Eternu officer Glenoalts Escriv	100.00	100	.00	100.00	
3/7/2014	Patricia Gay Glendale, CA 91207	ZIND □COM □OTH □PTY □SCC	Self-Employed Gay's Automotive & Towing, Inc.	100.00	100	.00	100.00	
			SUBTOTAL	\$ 1,400.00				
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions			5,150.00 219.00		tributor Codes -Individual - Recipient Commi (other than PTY - Other (e.g., busi - Political Party	or SCC)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1,)		5,369.00		- Small Contributor		

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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# Schedule A (Continuation Sheet)

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Monetary	ule A (Continuation Sheet)     Type or print in link.       ary Contributions Received     Amounts may be rounded to whole dollars.       from     1/1/2014       through     3/17/2014			Statement covers period         from       1/1/2014       CALIFORNI         from       3/17/2014       Page			ORM <b>400</b>
NAME OF FILER Rick Barne	s for Glendale City Council 2014					1.0. NU 1363	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME CFBUSINESS)	AMÓUNT RÉCEIVED THIS PERÍOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/7/2014	Gay's Automotive & Towing, Inc. Glendale, CA 91201			100.00	100.00		100.00
3/12/2014	Kyong Sung Glendale, CA 91208		RN San Gabriel Valley Medical Cent	1,000.00	1,000.00		1,000.00
3/17/2014	Margaret Mitchell Glendale, CA 91208		requested	200.00	200	.0 <u>0</u>	200.00
3/17/2014	Weilness Home Health Care, Inc. Glendale, CA 91202			250:00	250.	.00	250.00
3/17/2014	The Tyler Revoc Living Trust DTD Novembe Glendale CA 91201	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.	00	1,000.00
			SUBTOTAL	2,550.00			

\*Contributor Codes IND-Individual IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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## Schedule A (Continuation Sheet) M

	A (Continuation Sheet) Contributions Received	Type or print in ink. Amounts may be rounded to whole dollars. from 1/1/2014 through 3/17/2014		Amounts may be rounded		from 1/1/2014			SCHEDULEA (CONT.) FORNIA DRM 460		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD: NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELFOMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR 1 (JAN, 1 - DEC	DDATE ZEAR	PER ELECTION TO DATE (IF REQUIRED)				
3/17/2014	MTBI Group LLC Glendale, CA 91202	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,000.00		1,000.00		1,000.00		1,000.00
2/7/2014	Michael Novak, MD Glendale, CA 91203	IND COM OTH PTY SCC		200.00			200.00				
							,				
					· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·			SUBTOTAL	1,200.00							

\*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

		Type or print in	inic:			I	SCH	DULE B-PART 1	
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement co	vers period /2014	CALIFORNIA 460		
					from	/2014	FORM	-100	
SEE INSTRUCTIONS ON REVERSE					through3/	17/2014	Page	or 14	
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·			I	•		I.D. NUMBER		
Rick Barnes for Glendale City Council 20	14						1363642		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (F COMMITTE, ALSO EXTER (J. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSBL-CMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
Rick Barnes	Real Estate							CALENDARYEAR	
Glendale, CA 91202	Investments				_ <u>\$ 10000.00</u>	RATE	<u>3 10000.0</u>	\$ 10000.00 PER ELECTION**	
		s0.00	s_10000.00	\$	6/30/2014	s <u>0,00</u>	2/14/14 DATE INCURRED	\$	
								CALENDAR YEAR	
					_   \$	RATE %	\$	\$	
<sup>†</sup> ⊡ IND □ COM []] OTH □ PTY □ SCC.		\$	\$	5		s	DATE INCURRED	3	
	· · · · · · · · · · · · · · · · · · ·					-	DATE INCORRED	CALENDAR YEAR	
				s		×	s	s	
						RATE		PER ELECTION **	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	.\$	
		SUBTOTALS \$	10000.00 \$	;	\$ 10000.00	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period			*****	\$	10,000.00	_			
(Total Column (b) plus unitemized loans	s of less than \$100.)						ontributor Codes		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Ipplude loans paid by a third part (that	paid or forgiven.)		*******	\$	0.00	- co		PTY or SCC)	
<ul><li>(Include loans paid by a third party that</li><li>3. Net change this period. (Subtract Line</li></ul>		•		NET ¢	10,000.00	[ P1	TH — Other (e.g., 'Y — Political Party CC — Small Contrib	p	
Enter the net here and on the Summary	Page, Column A, Line 2.		*******	·	(May be a negative number)				
*Amounts forgiven or paid by another party also r ** If required.	nust be reported on Schedule A.	]					FPPC Form	460 (January/05)	

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Schedule Nonmone	C etary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.	E.	Stat	ement covers 1/1/201	4		
SEE INSTRUCTION	DNS ON REVERSE				throug	h3/17/2		Page 1	<u>of_14</u>
	s for Glendale City Council 2014							I.D. NUMB 136364	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION C GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - C	TÉ R∵YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTÝ □SCC							~
		□IND □COM □OTH □PTY □SCC	_						
Attach addit	tional information on appropriately labe	led continuati	on sheets.	SUBTO	TAL \$	0.00			
1. Amount re	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.)	contributions				0.00	IND-	ributor Cod Individual – Recipient	les t Committee
	ceived this period – uniternized nonmonet					0.00	-	(other the	en PTY or SCC) g., business entity)
3. Total nonm	nonetary contributions received this period. I and 2. Enter here and on the Summary					0,00	—   РТҮ-	Political Pa	arty htributor Committee

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Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Stateme	nt covers period	CALIFORNIA	A
from	1/1/2014	FORM	4
through _	3/17/2014	Page A	of
		I.D. NUMBER	

SCHEDULED

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rick Barnes for Glendale City Council 2014

Rick Barne	es for Glendale City Council 2014				136362	42
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF.REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				-
	Support Oppose	Monetary     Contribution     Nonmonetary     Contribution     Independent     Expenditure				
			SUBTOTAL \$	0.00		

## **Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0.00
3. Total contributions and independent expenditures made this period; (Add Lines 1 and 2. Do not enter on the Summary Page:)	0.00

Schedule E Payments Made	Type or print in Ink. Amounts may be rounded to whole dollars.	Statement covers period from1/1/2014	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE		through3/17/2014	Page D of 14	
NAME OF FILER			I.D. NUMBER	
Rick Barnes for Glendale City Council 2014			1363642	
CODES: If one of the following codes accurate	y describes the payment, you may enter the code.	. Otherwise, describe the payment.	· · · · · · · · · · · · · · · · · · ·	
CMP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office excenses	RFD returned contributions		
CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.V. or cable airtime and proc		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d meals	
FND fundraising events	POL polling and survey research	TRS staff/snouse travel induing		

- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense LIT campaign literature and mailings

- POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads.

TSF transfer between committees of the same candidate/sponsor

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- VOT voter registration
- WEB Information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. MURBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PÁID
Glendale Printing Center Glendale, CA 91204		Remit Envelopes		218.00
Four Winds Villa Park, IL 60181		Website Development		1,250.00
City of Glendale Glendale, CA		Candidate Statement Deposit		
* Payments that are contributions or independent expenditures must also be summ	narized on Sche	dule D.	SUBTOTAL \$	3,368.00
Schedule E Summary		·····		
1. Itemized payments made this period. (Include all Schedule E subtotals.)				3,368.00
2. Unitemized payments made this period of under \$100				
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				0.00
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)				3,418.00

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<b>.</b>			SCHEDULE F				
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in Ink. Amounts may be rounded to whole dollars.		Statement co from1/*	overs period C 1/2014	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through3/	17/2014	Page_11_ of_14		
NAME OF FILER Rick Barnes for Glendale City Council 2014					D. NUMBER 363642		
CODES: If one of the following codes accurately describ CMP campaign paraphematia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/bailot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services ( PRT print ads	nces nces earch messenger services	RAD radio airtime RFD returned con SAL campaign w TEL t.v. or cable TRC candidate trn TRS staff/spouse TSF transfer betw VOT voter registr	and production costs tributions orkers' salaries altime and productio ivel, lodging, and mea travel, lodging, and r veen committees of t	n còsts als neals he same candidate/spòns		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (Also Report on	BALANCE AT CLOS		
					<u>,</u>		
· · · ·							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	\$ 0.00	\$ 0.0	0.0		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under s	btotals for 100.)	INC		s <u>0.00</u>		
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total uniternized	iedule F. Column (c) subtot	als for payments o	'n				
3. Net change this period. (Subtract Line 2 from Line 1. Er	ter the difference have and	1			\$ 0.00		

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2014	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through3/17/2014	Page 12 of 14
NAME OF FILER			I.D. NUMBER
Rick Barnes for Glendale City Council 2014			1363642
NAME OF AGENT OR INDEPENDENT CONTRACTOR		·····	
CODES: If one of the following codes accurately describes the	ne payment, you may enter the co	de. Otherwise, describe the paymer	it.
CMP     campaign paraphematia/misc.     ME       CNS     campaign consultants     MT       CTB     contribution (explain nonmonetary)*     OF       CVC     civic donations     PE       FL     candidate filing/ballot fees     PH       FND     fundraising events     PO	G meetings and appearances C office expenses T petition circulating O phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	duction costs d meals

POS postage, delivery and messenger services

professional services (legal, accounting)

CODE OR

et al la section de la section

PRO

PRT

print ads

- independent expenditure supporting/opposing others (explain)\* ND .
- legal defense LEG

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பா campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

- TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

AMOUNT PAID

0.00

VOT voter registration

DESCRIPTION OF PAYMENT

WEB information technology costs (internet, e-mail)

. Attach additional information on appropriately labeled continuation sheets. TOTAL\* \$

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars,		Statement covers period from 1/1/2014		CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE		_			through3/1	7/2014	Page 3	of 14
NAME OF FILER							I.D. NUMBER	
Rick Barnes for Glendale City Council 20	)14						1363642	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(¢) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(*) INTEREST RECEIVED	IN ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PÁID:     PÁID:     S     FÖRGIVEN-	- S	RATE %	· <b>\$</b>	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	5		<b>`\$</b>	DATE INCURRED	\$
				PÂ(D     FORGIVEN	. 3	RATE %	\$	CALENDAR YEAR S PERELECTION**
		, <u>, , , , , , , , , , , , , , , , , , </u>	·**·	*	DATE DUE	· S ·	DATE INCURRED	\$ <u></u>
*Loans that are contributions to another candida must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	<b>\$</b> 0.00	\$ 0.00	) <b>\$</b> 0:00	\$ 0.00		
					··· ·	(Enter (e) on Schedule  , Line 3)		
Schedule H Summary								
1. Loans made this period (Total Column (b) plus uniternized loans	of less than \$100.)				\$	0.00	-	**If Required
2. Payments received on loans (Total Column (c) plus uniternized payme	ents of less than \$100.)				\$ <u></u>	0.00	-	
3. Net change this period. (Subtract Line) (Enter the net here and on the Summar	2 from Line 1.) 7 Page, Column A, Line 7.)	•••••••••••••••••••••••••••••••••••••••		••••	NET \$	0.00 y be a negative number;	-	

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Schedule i		Type or print in Ink.			SCHEDUÜE	
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement cov	ers period 2014	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVER			through3/1	7/2014	Page 4 of 4	
NAME OF FILER		······································	<u> </u>		I.D. NUMBER	
Rick Barnes for Glend				1363642		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER 1,0, NUMBER)	DE	SCRIPTION OF RECEIPT		AMOUNT OF	
					· · · · · · · · · · · · · · · · · · ·	
					~	
			· · · · · · · · · · · · · · · · · · ·			
					·	
Attach additional inform	nation on appropriately labeled continuation sheets.			SUBTOTAL \$	0.00	
Schedule I Summa	ry					
	o cash this period		\$	0.00		
	s to cash of under \$100 this period			0.00		
	eceived this period on loans made to others. (Sche		\$	0.00		
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, an	d 3. Enter here and on the		. 0.00		
Summary Page, Line	e 14.)	*********	TOTAL \$	0.00		

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