# Campaign Statement Cover Page

**Recipient Committee:**
(Compliance Code Sections 84200-84216.5)

**Statement covers period:**

<table>
<thead>
<tr>
<th>from</th>
<th>01/01/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>through</td>
<td>01/22/2011</td>
</tr>
</tbody>
</table>

**Date of election if applicable:**

- (Month, Day, Year)
- 03/08/2011

**CITY:**
- PASADENA

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**Type or print in ink.**

**RECEIVED**

**CALIFORNIA FORM 460**

**Page 1 of 6**

**Date Stamp**

**Cover Page**

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**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/Independent Committees

**2. Type of Statement:**
- [x] Preelection Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Termination Statement (Also File a Form 410 Termination)
- [ ] Amendment (Explain below)

**Treasurer(s):**

- NAME OF TREASURER
  - Yoandry Miranda
- Mailing Address:
  - 728 W. Edna Place

**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:**

- 01/27/2011

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**PPOC Form 460 (January 1, 2015)**

**PPOC Toll-Free Helpline:** 888/ASK-PPOC (888/275-7733)

**State of California**
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Sean J. Baggett

OFFICE Sought OR Held (Include location and District number if applicable)

Municipal/Business Address (No AND Street) City State ZIP
262 S. Berkeley Ave. Pasadena, CA 91107

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 ADDRESS STREET ADDRESS (NO PO 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

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

Committee Name

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$-200.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$99.00</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>16. ENDING/CASH BALANCE</td>
<td>$42.00</td>
<td></td>
</tr>
</tbody>
</table>

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 amount from Lines 2, 7, and 9 (if any).

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   Date of Election (mm/dd/yyyy)  
   Total to Date  
   $__________  
   $__________  

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents                                                                   | $0.00   |
19. Outstanding Debts                                                                 | $300.00 |
## Schedule A
### Monetary Contributions Received

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

**Statement covers period**
- from **01/01/2011**
- through **01/22/2011**

### CALENDAR YEAR (JAN 1 - DEC 31)

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>PER ELECTION TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/2011</td>
<td>Michael T. Alexander</td>
<td>COM</td>
<td>Dimulus of Client Relations G.E. Pla &amp; Co.</td>
<td>100.00</td>
<td>100.00</td>
<td>P11 100.00</td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ............... $ 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.) ......................... TOTAL $ 150.00

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule E Payments Made

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

### Statement covers period
from 01/01/2011 through 01/22/2011

### CODES:
If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **ONS** campaign consultants
- **CVM** contribution (explain nonmonetary)*
- **CVD** civic donations
- **FL** candidate filing/audit fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MEM** member communications
- **MTO** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **pCG** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio, airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/priorty travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010ADA Mirabe and Associates</td>
<td>PRO</td>
<td></td>
<td>200.00</td>
</tr>
<tr>
<td>728 W. Inda Place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corona, CA 92874</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under $100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

| SUBTOTAL $ | 200.00 |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule F
### Accrued Expenses (Unpaid Bills)

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

**Name of Filer:** Sean J. Baggett for SUSD School Board 2011

**Statement covers period:**

- **from:** 01/01/2011
- **through:** 07/31/2011

**I.D. Number:** 460

### CODES:
If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **NMP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTD:** contribution (explain nonmonetary)*
- **CNC:** vote coordinations
- **FIL:** candidate filing/petition fees
- **FND:** fundraising events
- **IND:** independent expenditure supporting/opposing others (explain)*
- **LEG:** legal defense
- **LIT:** campaign literature and mailings
- **MER:** member communications
- **MTG:** meetings and appearances
- **QGF:** office expenses
- **PET:** petition circulating
- **PHO:** phone banks
- **PXL:** polling and survey research
- **POS:** postage, delivery and messenger services
- **PRO:** professional services (legal, accounting)
- **PRT:** print ads
- **RAD:** radio airtime and production costs
- **RFD:** returned contributions
- **SAL:** campaign workers' salaries
- **TEL:** t.v. or cable airtime and production costs
- **TRC:** candidate travel, lodging, and meals
- **TIR:** staff/room travel, lodging, and meals
- **TGF:** transfers between committees of the same candidate/sponsor
- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

### NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER):

- **Volanda Miranda and Associates**
  - **Address:** 726 N. Edna Place
  - **City, State, Zip:** Oxnard, CA 93030

### CODE OR DESCRIPTION OF PAYMENT | OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | AMOUNT INCURRED THIS PERIOD | AMOUNT PAID THIS PERIOD (FILED REPORT ON) | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
--- | --- | --- | --- | ---
PRO | 500.00 | 0.00 | 200.00 | 300.00

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

### Schedule F Summary

1. **Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)**

   | SUBTOTALS $ | 500.00 | 0.00 | 200.00 | 300.00

   **INCURRED TOTALS $**
   - 0.00

2. **Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)**

   **PAID TOTALS $**
   - 200.00

3. **Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)**

   **NET $**
   - -200.00

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

**FPPO Form 460 (January/06)***