

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

CITY OF WHITTIER
CITY CLERK - TREASURER
2010 MAR -4 AM 11:30

CALIFORNIA
FORM 460

COVER PAGE

Page 1 of 10

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/11/10
through 2/27/10

Date of election if applicable:
(Month, Day, Year)
April 13, 2010

YSA

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
- Sponsoring
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 5)
- 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)
- 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 Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

Treasurer(s)

NAME OF TREASURER

Ken Henderson

MAILING ADDRESS

6548 Bright Ave

CITY

Whittier

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
6548 Bright Ave.
CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90601 562-698-9644
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER
Ken Henderson
MAILING ADDRESS
6548 Bright Ave
CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90601 562-696-9644
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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 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 2/11/10 Date

By  Signature of Treasurer or Assistant Treasurer

Executed on 3/11/10 Date

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

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, 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
 Committee to Re-elect Bob Henderson to Whittier City Council 2010
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Whittier City Council
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 6548 Bright Ave Whittier, CA 90601

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE	
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
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT
 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 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

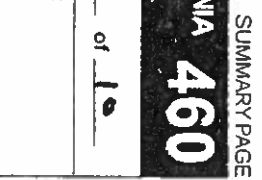
Campaign Disclosure Statement Summary Page

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

Statement covers period from 1/1/10 through 2/27/10

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I.D. NUMBER 1321835



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Re-elect Bob Henderson to Whittier City Council 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,995. ⁰⁰	\$ 1,995. ⁰⁰
2. Loans Received	Schedule B, Line 3 \$ 5,000. ⁰⁰	\$ 5,100. ⁰⁰
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6,995. ⁰⁰	\$ 7,095. ⁰⁰
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0 ⁰⁰	\$ 0 ⁰⁰
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6,995. ⁰⁰	\$ 7,095. ⁰⁰

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2,038. ²⁸	\$ 2,038. ²⁸
7. Loans Made	Schedule H, Line 3 \$ 0 ⁰⁰	\$ 0 ⁰⁰
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,038. ²⁸	\$ 2,038. ²⁸
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0 ⁰⁰	\$ 0 ⁰⁰
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0 ⁰⁰	\$ 0 ⁰⁰
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,038. ²⁸	\$ 2,038. ²⁸

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 100. ⁰⁰
13. Cash Receipts	Column A, Line 3 above	\$ 6,995. ⁰⁰
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 2,038. ²⁸
15. Cash Payments	Column A, Line 8 above	\$ 2,038. ²⁸
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 5,058. ²²

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0 ⁰⁰
18. Cash Equivalents	See instructions on reverse	\$ 0 ⁰⁰
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 5,100. ⁰⁰

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	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ _____	Total to Date
Date of Election (mm/dd/yy)	____/____/____	\$ _____
	____/____/____	\$ _____

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

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).

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA 460
FORM

Statement covers period
from 1/1/10
through 2/27/10

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
1-3-2010	Kenneth B. Metzger 8157 Washington Ave. Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-19-2010	Mahlon A. Woirhaye, Jr. 5810 Friends Ave. Whittier, CA 90601-3722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-19-2010	Virginia Ball 8254 La Sierra Ave. Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Beauty Consultant	\$200	\$200	
2-19-2010	Jane Hendrixson 1341 N. Walnut La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-19-2010	Henri F. Pellissier 15278 E1 Soneto Drive Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
SUBTOTAL \$ 700						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,650
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 345
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,995

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 1/1/10
through 2/27/10

CALIFORNIA FORM 460

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NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010
I.D. NUMBER: 1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2-19-2010	Donald C. Bishop 15916 La Lindura Dr. Whittier, CA 90603-1007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-19-2010	Robert Settlage 5610 Hoover Ave. Whittier, CA 90601-2743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	
2-22-2010	Larry Scher 11821 N. Circle Dr. Whittier, CA 90601-2338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher	\$100	\$100	
2-22-2010	Herbert M. Sussman 8570 La Entrada Ave. Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-22-2010	Lillian Neal 10812 Scenic Dr. Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				550		

*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

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

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

SCHEDULE A (CONT)

Statement covers period
from 1/1/10
through 2/27/10

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FORM 460**

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NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER

1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2-22-2010	Theodore Saulino 11720 Capri Dr. Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
2-26-2010	Harry W. Stone 15840 Arbela Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
2-26-2010	Douglas M. Rowan 8995 Cortona Dr. Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Planner	\$100	\$100	
SUBTOTAL \$				400		

*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

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 1/1/10
through 2/27/10

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CALIFORNIA
FORM
460

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **Committee to Re-elect Bob Henderson to Whittier City Council 2010**

I.D. NUMBER
1321835

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(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) CALENDAR YEAR CUMULATIVE CONTRIBUTIONS TO DATE
Bob Henderson 6548 Bright Ave, Whittier, Ca 90601	Insurance Broker Hendersons, Inc.	\$ 100. ⁰⁰	\$ 5000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5,100. ⁰⁰	%	DATE INCURRED	CALENDAR YEAR PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%	DATE INCURRED	CALENDAR YEAR PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%	DATE INCURRED	CALENDAR YEAR PER ELECTION **
SUBTOTALS \$								

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$** 5,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
IND - Individual
COM - Recipient Committee
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.

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period from <u>1/1/10</u> through <u>2/27/10</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>19</u>	I.D. NUMBER 1321835

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

OMP 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 airtime and production costs
FL candidate filing/ballot fees	PHD phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ND independent expenditure supporting/opposing others (explain)*	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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF WHITTIER 13230 PENNSI, WHITTIER, CA 90662	ELL		CANDIDATE RUMOR FEE	700.00
CAVANA PHOTOGRAPHY 6730 ORIENT AVE, WHITTIER, CA 90601	LIT		LITERATURE PHOTOS	108.65
BUSBY STETSON POST OFFICE WHITTIER, CA 90601	POS		POSTAGE	211.20
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 1,019.85

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,912.11
- Unitemized payments made this period of under \$100 \$ 135.17
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 2,038.28

**Schedule E
(Continuation Sheet)
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/10
through 2/27/10

CALIFORNIA
FORM
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Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMF | campaign paraphernalia/misc. | MER | 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 airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
POLITICAL DATA INC. P.O. BOX 1706 BUREAU, CA 91507	POL		VOTER MAILING LISTS	219.50
AURO PRINTING 13301 PLUMMERDALE AVENUE, WESTFIRE, CA 70601	LIT		CAMPAIGN LITERATURE	663.76

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

SUBTOTAL \$ **883.26**

Schedule F Accrued Expenses (Unpaid Bills)

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

STATEMENT OF EXPENSES
CALIFORNIA
FORM
460

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period
from 1/1/10
through 2/27/10

Page 10 of 10

I.D. NUMBER
1321835

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFI office expenses
- PET petition circulating
- PHD phone banks
- POL 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 tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON 5)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<i>NSORZ</i>					
SUBTOTALS \$					

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

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.) INCURRED TOTALS \$ 0
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 \$ 0
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 \$ 0

May be a negative number

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 1/1/2010
through 2/27/2010

Date of election if applicable:
(Month, Day, Year)
April 13, 2010

Date Stamp
CITY OF WHITTIER
CITY CLERK - TREASURER
2010 MAR 19 PM 12:29
Page 1 of 6
For Official Use Only
CALIFORNIA FORM 460
Yell

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 (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

REVISED SUMMARY PAGE
REVISED CONTRIBUTIONS RECEIVED PAGE

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

Treasurer(s)

NAME OF TREASURER
Ken Henderson

MAILING ADDRESS
6548 Bright Ave

CITY Whittier STATE CA ZIP CODE 90601 AREA CODE/PHONE 562-696-9644

STREET ADDRESS (NO P.O. BOX)
6548 Bright Ave.

CITY Whittier STATE CA ZIP CODE 90601 AREA CODE/PHONE 562-698-9644

MAILING ADDRESS
Whittier

CITY Whittier STATE CA ZIP CODE 90601 AREA CODE/PHONE 562-696-9644

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 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 3/18/2010 Date

Executed on 3/18/2010 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer

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

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

By _____ Signature of Controlling Officer/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
Committee to Re-elect Bob Henderson to Whittier City Council 2010

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Whittier City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
6548 Bright Ave Whittier, CA 90601

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
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
 SUPPORT OPPOSE

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 <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
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period
from 1/1/2010
through 2/27/2010

Page 3 of 6

I.D. NUMBER
1321835

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,995.00	\$ 1,995.00
2. Loans Received	Schedule B, Line 3 \$ 5,000.00	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6,995.00	\$ 6,995.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6,995.00	\$ 6,995.00

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 \$ 2,038.28	\$ 2,038.28
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,038.28	\$ 2,038.28
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,038.28	\$ 2,038.28

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
\$ _____	____/____/____	\$ _____
\$ _____	____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 100.00
13. Cash Receipts	Column A, Line 3 above \$ 6,995.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
15. Cash Payments	Column A, Line 8 above \$ 2,038.28
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,056.72

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

LOAN GUARANTEES RECEIVED

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

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 \$ 5,000.00

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 11/1/2010
through 2/27/2010

CALIFORNIA
FORM **460**

SCHEDULE A

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1-3-2010	Kenneth B. Metzger 8157 Washington Ave. Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-19-2010	Mahlon A. Woirhaye, Jr. 5810 Friends Ave. Whittier, CA 90601-3722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-19-2010	Virginia Ball 8254 La Sierra Ave. Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woodruff Properties Independent Beauty Consultant	\$200	\$200	
2-19-2010	Jane Hendrixson 1341 N. Walnut La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-19-2010	Henri F. Pellissier 15278 El Soneto Drive Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200	\$200	
SUBTOTAL \$ 700						

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals) \$ 1,650
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 345
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) **TOTAL \$ 1,995**

*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

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

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

Statement covers period
from 1/1/2010
through 2/27/2010

SCHEDULE A (CONT)
**CALIFORNIA
FORM
460**

Page 5 of 9

NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010 I.D. NUMBER: 1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2-19-2010	Robert Settlage 5610 Hoover Ave. Whittier, CA 90601-2743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$150	\$150	
2-19-2010	Donald C. Bishop 15916 La Lindura Dr. Whittier, CA 90603-1007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-22-2010	Larry Scher 11821 N. Circle Dr. Whittier, CA 90601-2338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rio Hondo College Teacher	\$100	\$100	
2-22-2010	Herbert M. Sussman 8570 La Entrada Ave. Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-22-2010	Lillian Neal 10812 Scenic Dr. Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
SUBTOTAL \$				550		

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

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

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

Statement covers period
from 1/1/2010
through 2/27/2010

SCHEDULE A (CONT)
**CALIFORNIA 460
FORM**

Page 6 of 16

NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

ID NUMBER

1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2-22-2010	Theodore Saulino 11720 Capri Dr. Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200	\$200	
2-26-2010	Harry W. Stone 15840 Arbela Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100	\$100	
2-26-2010	Douglas M. Rowan 8995 Cortona Dr. Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Network Investment Corp. Financial Planner	\$100	\$100	
				SUBTOTAL \$ 400		

*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

**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 2/28/2010
through 3/27/2010

Date of election if applicable:
(Month, Day, Year)
April 13, 2010

Date Stamp
CITY OF WHITTIER
CITY CLERK - TREASURER
2010 APR - 1 PM 1:43

COVER PAGE
CALIFORNIA 460
FORM
Page 1 of 10
For Official Use Only

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 Candidate/Officeholder Committee
- (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- Amendment (Explain below)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

Treasurer(s)

NAME OF TREASURER
Ken Henderson

MAILING ADDRESS
6548 Bright Ave

STREET ADDRESS (NO P.O. BOX)
6548 Bright Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90601 562-698-9644

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY
Whittier CA 90601 562-696-9644

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained therein 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 3/31/2010

Executed on 3/31/2010

Executed on _____

Executed on _____

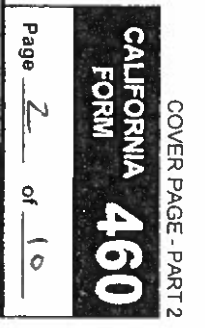
By [Signature]
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, 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
 Committee to Re-elect Bob Henderson to Whittier City Council 2010
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Whittier City Council
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 6548 Bright Ave Whittier, CA 90601

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
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
 OPPOSE

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 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period from 2/28/2010 through 3/27/2010
Page 3 of 10
I.D. NUMBER 1321835

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 4,615. ⁰⁰	\$ 6,610. ⁰⁰
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 5,000. ⁰⁰
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4,615. ⁰⁰	\$ 11,610. ⁰⁰
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 4,615. ⁰⁰	\$ 11,610. ⁰⁰

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

	Schedule E, Line 4	Schedule H, Line 3	Add Lines 6 + 7	Schedule F, Line 3	Schedule C, Line 3
6. Payments Made	\$ 8,446. ³⁷	\$ 0	\$ 8,446. ³⁷	\$ 0	\$ 0
7. Loans Made	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 8,446. ³⁷	\$ 0	\$ 8,446. ³⁷	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0	\$ 0	\$ 0	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 8,446. ³⁷	\$ 0	\$ 8,446. ³⁷	\$ 0	\$ 10,484. ⁶⁵

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
\$ _____	____/____/____	\$ _____
\$ _____	____/____/____	\$ _____

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above
12. Beginning Cash Balance	\$ 5,056. ⁷²	\$ 4,615. ⁰⁰	\$ 0	\$ 8,446. ³⁷
13. Cash Receipts	\$ 0	\$ 0	\$ 0	\$ 0
14. Miscellaneous Increases to Cash	\$ 0	\$ 0	\$ 0	\$ 0
15. Cash Payments	\$ 0	\$ 0	\$ 0	\$ 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,225. ³⁵	\$ 0	\$ 0	\$ 0

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 \$ 5,000.⁰⁰

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from 2/28/2010
through 3/27/2010

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-4-10	John Lee 3029 Ocean Blvd. Corona Del Mar, CA 92625	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner Fuji Grill	\$300.00		
3-4-10	Mary R. Jones 6324 Painter Ave. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00		
3-4-10	William M. Pate, Jr. 13758 E. Philadelphia St. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney National Labor Relations Board	\$100.00		
3-4-10	Karen A. Koos 9923 Emerald Drive Whittier, CA 90603-1630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Rio Hondo College	\$100.00		
3-4-10	David A. Warner D.D.S. 9209 S. Colima Rd. #4000 Whittier, CA 90605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Periodontist Dr. Warner DDS Inc.	\$250.00		
SUBTOTAL \$				850.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 4,200.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 415.00
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) **TOTAL \$** 4,615.00

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)
CALIFORNIA FORM 460

Statement covers period
from 2/28/2010
through 3/27/2010

Page 5 of 10

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

ID NUMBER
1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-8-10	Michael Tacconi 13507 Sycamore Drive Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Of Customer Service Pentair Water Pool & Spa	\$100.00		
3-8-10	Sage Restaurant 6511 Greenleaf Ave. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
3-8-10	W. Allan Nakken 8355 La Sierra Whittier, CA 90605-1221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Master Tree Sculpting	\$200.00		
3-8-10	Jerry Sarchet 14067 Eastridge Dr. Whittier, CA 90602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00		
3-8-10	John H. Smith IV 11836 Maple Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Vacco Industries	\$200.00		
SUBTOTAL \$				<u>1,100.00</u>		

*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

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

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

SCHEDULE A (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 2/28/2010
through 3/27/2010

Page 6 of 16

NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
3-8-10	Ronald Ridout 11742 Monte Vista Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker RealtyExecutive Cornerstone	\$100.00		
3-8-10	Theodore Saulino 11720 Capri Dr. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Garvey School District	\$200.00		
3-8-10	Robert Gene Henke 5156 Grande Vista Drive Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adminisrator Montebello Unified School District	\$100.00		
3-8-10	Epifanio Peinado 7014 Bryn Mawr Way Whittier, C A90602-1440	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adminisrator The Whole Child	\$100.00		
3-8-10	Patricia L. Flack 8525 Davista Drive Whittier, CA 90605-1108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Caldwell Realty	\$100.00		
SUBTOTAL \$				<u>600.00</u>		

*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

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

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

SCHEDULE A (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 2/29/2010
through 3/27/2010

Page 7 of 10

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

ID NUMBER
1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-8-10	Stephen Flanders DDS 6542 Bright Ave. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Stephen Flanders	\$100.00		
3-8-10	G. Lescsak 14564 Anaconda St. Whittier, CA 90603-2109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00		
3-10-10	O. Newcomer 5443 Brookmead Dr. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Rio Hondo College	\$250.00		
3-10-10	Gary Curtis 12447 E. Carinthia Dr. Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00		
3-10-10	Howard Viperman 540 S. Cypress St. La Habra, CA 90631	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner-Rubber Parts Mfg. VIP Rubber Co., Inc.	\$250.00		
SUBTOTAL \$				<u>800.00</u>		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 2/28/2010
through 3/23/2010

CALIFORNIA
FORM **460**

Page 8 of 10

NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010 ID NUMBER: 1321835

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-17-10	William Dauber 287 Cattail Cr. Brea, CA 92821	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor Los Angeles Community College	\$200.00		
3-23-10	David James Fretz 13914 High St. Whittier, C A90605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00		
3-29-10	Toyota of Whittier 14577 E. Whittier Blvd. Whittier, CA 90605-2130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		
SUBTOTAL \$				<u>850.00</u>		

*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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 2/28/2010
through 3/27/2010

CALIFORNIA FORM **460**

Page 2 of 10

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	DATE DUE	INTEREST PAID THIS PERIOD	DATE INCURRED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE
Bob Henderson 6548 Bright Ave, Whittier, Ca 90601	Insurance Broker Hendersons, Inc.	\$5100.00	\$0	PAID	\$5100.00		0%				
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN			%			CALENDAR YEAR	PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN			%			CALENDAR YEAR	PER ELECTION**
SUBTOTALS \$											

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on
Schedule E, Line 3)

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period
from 2/24/2010
through 3/27/2010

Page 10 of 10

I.D. NUMBER
1321835

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL 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 tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse 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 (IF COMMITTEE ALSO ENTERED, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ACRO PRINTING 13301 PHILADELPHIA ST. WHITTIER, CA 90601	LIT		CAMPAIGN LITERATURE	1,470.07
CROCKER SIGNS 12205 WHITTIER BLVD, WHITTIER, CA	LIT		CAMPAIGN SIGNS	1,095.42
WHITTIER MAILING SERVICE 12435 MARUSTA, WHITTIER, CA	POS		POSTAGE	5,845.57
SUBTOTAL \$				8,428.77

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 8,428.77
- Unitemized payments made this period of under \$100 \$ 17.50
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 8,446.27

**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 <u>3/28/10</u> through <u>4/6/10</u>	Date of election if applicable: (Month, Day, Year) 2010 APR -8 PM 2:43 April 13, 2010	Date Stamp CITY OF WHITTIER CITY CLERK - TREASURER	CALIFORNIA FORM 460
			Page <u>1</u> of <u>3</u> For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE) Committee to Re elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

Treasurer(s)

NAME OF TREASURER
Ken Henderson

MAILING ADDRESS
6548 Bright Ave

STREET ADDRESS (NO P.O. BOX)
6548 Bright Ave.

CITY
Whittier

STATE
CA

ZIP CODE
90601

AREA CODE/PHONE
562-698-9644

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

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 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 4/8/10

By

[Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 4/8/10

By

[Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

By

Signature of Controlling Officeholder, 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
Committee to Re-elect Bob Henderson to Whittier City Council 2010
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Whittier City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
6548 Bright Ave Whittier, CA 90601

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
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
 SUPPORT
 OPPOSE

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 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.

Statement covers period from 3/28/10 through 4/6/10

CALIFORNIA FORM 460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER: Committee to Re-elect Bob Henderson to Whittier City Council 2010

Page 3 of 3
 I.D. NUMBER: 1321835

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	\$ 6,610.00
2. Loans Received	Schedule B, Line 3 0	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0	\$ 11,610.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0	\$ 11,610.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ 11,610.00	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 10,484.65		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0	\$ 10,484.65
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0	\$ 10,484.65
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0	\$ 10,484.65

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	\$ 10,484.65	Date of Election (mm/dd/yy)	Total to Date
	\$ 0		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,225.35
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,225.35

LOAN GUARANTEES RECEIVED

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

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 \$ 5,000.00

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.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>7/21/10</u> through <u>6/30/10</u>		Date of election if applicable: (Month, Day, Year) April 13, 2010	Date Stamp CITY CALIFORNIA FORM 450 2010 June 3d PM 3:07 For Official Use Only gmr
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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 (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- 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) 10 NUMBER 1321835

Committee to Re-elect Bob Henderson to Whittier City Council 2010

Treasurer(s)

NAME OF TREASURER
Ken Henderson
MAILING ADDRESS
6548 Bright Ave
CITY
Whittier
STATE
CA
ZIP CODE
90601
AREA CODE/PHONE
562-696-9644

STREET ADDRESS (NO P.O. BOX)
6548 Bright Ave.
CITY
Whittier
STATE
CA
ZIP CODE
90601
AREA CODE/PHONE
562-698-9644
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
STATE
ZIP CODE
AREA CODE/PHONE
OPTIONAL FAX / E-MAIL ADDRESS

MAILING ADDRESS
CITY
STATE
ZIP CODE
AREA CODE/PHONE
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 7/30/10 By [Signature] Signature of Treasurer or Assistant Treasurer
 Executed on 7/30/10 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 Executed on _____ By _____ Signature of Controlling Officeholder, 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 _____
 Committee to Re-elect Bob Henderson to Whittier City Council 2010
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Whittier City Council
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 6548 Bright Ave Whittier, CA 90601

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
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, 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 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

CALIFORNIA
FORM
460

Statement covers period
from 4/7/10
through 6/30/10

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 6,541.75	\$ 13,151.75
2. Loans Received	Schedule B, Line 3 -5,100.00	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,441.75	\$ 13,151.75
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,441.75	\$ 13,151.75

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2,667.10	\$ 13,151.75
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,667.10	\$ 13,151.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,667.10	\$ 13,151.75

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,225.35	
13. Cash Receipts	Column A, Line 3 above 1,441.75	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 2,667.10	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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).

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 \$ _____ \$ _____

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 4/15/10 to 4/15/10
through 6/30/10

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/8/2010	California Real Estate Political Action Committee 525 Virgil Ave., LA, CA 90020 #890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000	2,000	
4/8/2010	David Dickerson 7934 Ocean View Ave. Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Dickerson Attorney	100	100	
4/8/2010	Jere E. McDonald 13225 Philadelphia St. #A Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jere E. McDonald Accountant	200	200	
4/15/2010	Phillip Elis 14701 Romero Drive Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	
4/15/2010	Thaudeus Knoll 9233 Coachman Ave. Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
SUBTOTAL \$				2,600		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals) \$ 5,161.25
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1,380
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 6,541.25

*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

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

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

SCHEDULE A (CONT)

CALIFORNIA
FORM **460**

NAME OF FILER

Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period
from 4/7/10
through 6/30/10

Page 5 of 7
I.D. NUMBER
1321835

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/2010	Edison International P.O. Box 700 Rosemead, CA 91770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
6/28/2010	Bob Henderson 6548 Bright Ave. Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hendersons, Inc. 6548 Bright Ave. Whittier, CA 90601	2,311.75	2,311.75	
SUBTOTAL \$				2,561.75		

*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

Schedule B - Part 1
Loans Received

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

Statement covers period
from 4/7/10
through 6/30/10

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____
Committee to Re-elect Bob Henderson to Whittier City Council 2010

I.D. NUMBER
1321835

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
								CALENDAR YEAR	PER ELECTION **
Bob Henderson 6548 Bright Ave, Whittier, Ca 90601	Insurance Broker Hendersons, Inc.	\$ 5,100	\$ 0	<input checked="" type="checkbox"/> PAID \$ 5,100 <input type="checkbox"/> FORGIVEN	\$ 0	%	\$	CALENDAR YEAR	PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%		CALENDAR YEAR	PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%		CALENDAR YEAR	PER ELECTION **
SUBTOTALS \$		\$	\$	\$	\$	%	\$		

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 5,100
(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 \$** 5,100
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
IND - Individual
COM - Recipient Committee
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.

**Schedule E
Payments Made**

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

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-elect Bob Henderson to Whittier City Council 2010

Statement covers period from <u>4/7/10</u> through <u>6/30/10</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>7</u>	I.D. NUMBER 1321835

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL tv or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse 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 (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Acro Printing 13301 Philadelphia St. Whittier, CA 90601	Lit		Printed Campaign Material	2,658.96
SUBTOTAL \$ 2,658.96				

* 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.) \$ 2,658.96
2. Unitemized payments made this period of under \$100 \$ 8.14
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2,667.10**

**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 <u>7/1/10</u> through <u>12/31/10</u>		Date of election if applicable (Month, Day, Year) <u>7/13/10</u>		Date Stamp CITY OF WHITTIER CITY CLERK - TREASURER <u>28</u> JAN 31 PM 1:43		CALIFORNIA FORM 460	
						Page <u>1</u> of <u>3</u> For Official Use Only		COVER PAGE	

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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- 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)

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

BOB HENDERSON
STREET ADDRESS (NO P.O. BOX)
6578 BALDWIN AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

WHITTIER CA 90601 562/898-8444
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

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 _____ Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 1/31/11 Date

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

Executed on _____ Date

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

Executed on _____ Date

By _____
Signature of Controlling Officer/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 BOB WENDERSON
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
WHITTIER CITY COUNCIL
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
CS XE BORGHT AVE. WHITTIER, CA 90601

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
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"/> OPOSE
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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
-----------------------	---------------------

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 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

Statement covers period from 7/1/15 through 12/31/15

Page 3 of 3

CALIFORNIA FORM **460**

I.D. NUMBER 1321835

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BOB WINDSOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0</u>	\$ <u>13,151.75</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0</u>	\$ <u>13,151.75</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>13,151.75</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>0</u>	\$ <u>13,151.75</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>0</u>	\$ <u>13,151.75</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>0</u>	\$ <u>13,151.75</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0</u>	\$ <u>0</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>0</u>	\$ <u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	\$ <u>0</u>
15. Cash Payments	Column A, Line 8 above \$ <u>0</u>	\$ <u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>	\$ <u>0</u>

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0</u>	\$ <u>0</u>
------------------------------------	-----------------------------------	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ <u>0</u>	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>	\$ <u>0</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

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
\$ <u>0</u>	___/___/___	\$ <u>0</u>
\$ <u>0</u>	___/___/___	\$ <u>0</u>

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.