

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: 2006 MAR 30 P 1:00. CALIFORNIA FORM 460. RECEIVED CITY CLERKS OFFICE. Page 1 of 10. For Official Use Only.

Statement covers period from 2/26/06 through 3/25/06. Date of election if applicable: 4/11/06.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1239785

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

Marsha McLean for City Council

STREET ADDRESS (NO P.O. BOX)

CITY Santa Clarita STATE CA ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Nancy M. Albrecht

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE CA

NAME OF ASSISTANT TREASURER, IF ANY

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 3/2/06 3-30-06 Date

Executed on 3/2/06 3-30-06 Date

Executed on Date

Executed on Date

By Nancy M. Albrecht Signature of Treasurer or Assistant Treasurer

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

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>2/2606</u>	<b>CALIFORNIA FORM 460</b>
through <u>3/25/06</u>	
Page <u>3</u> of <u>10</u>	
I.D. NUMBER <u>1239785</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Marsha McLean for City Council

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 6578.00	\$ 13847.00
2. Loans Received	Schedule B, Line 3	0.00	1300.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 6578.00	\$ 15147.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 6578.00	\$ 15147.00

<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

<b>Expenditures Made</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 27050.87	\$ 28,580.83
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 27,050.87	\$ 28,580.83
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 27,050.87	\$ 28,580.83

<b>Expenditure Limit Summary for State Candidates</b>		
<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

<b>Current Cash Statement</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 27,821.47
13. Cash Receipts	Column A, Line 3 above	6578.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	27,050.87
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7348.60
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

<b>Cash Equivalents and Outstanding Debts</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 1300.00

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