Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	
Government Code Sections 64200-64210.3)	Statement covers period from 1/1/08	Date of election if applicable: (Month, Day, Year)	2008 JUL 31 P 12:	Page of
SEE INSTRUCTIONS ON REVERSE	through 6/30/08	4/11/06	RECEIVED CITY CLERKS OFFIC	E
1. Type of Recipient Committee: All Committees	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
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 Ballot Measure Committee ○ Controlled ○ Sponsored (Also Complete Part 6) □ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	st Sper	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information	1.D. NUMBER 980093	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI	ITEE)	NAME OF TREASURER		
Weste For City Council		James McCartl	ny	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHON
CITY STATE :	ZIP CODE AREA CODE/PHONE	Santa Clarita NAME OF ASSISTANT TREAS	URER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS		
Santa Clarita CA	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP (CODE AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADI	2000	·

l hav	re used all reasonable diligence in preparing and reviewing the reparing and reviewing the pendity of perjury under the laws of the State of California the	s statement and to the best of my knowledge the information contained herein and in the attached schedules is at the foregoing is true and correct.	true and complete. I certify
	Executed on 7/11/0 &	By Signature of Treasurehor Assistant Treasurer	-
	Executed on July 11 - 2008	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	-
	Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	-
-	Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	- SDDQ 5 400 (1)

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

Campaign Disclosure Statement Summary Page

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

Cash Equivalents and Outstanding Debts

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

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page		to whole dollars.			ment covers period	CALIFORNIA 460 FORM Page 3 of 3	
SEE INSTRUCTIONS ON REVERSE	~			through 6/30/08			
NAME OF FILER						I.D. NUMBER	
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	nmary for Candidates ne State Primary and	
Monetary Contributions	Schedula A Lina 2	c 0.00	œ	0.00	General Elections		

		•			la ier.	-
1. Monetary Contributions	\$	0.00	\$	0.00	General Elections	•
2. Loans Received	•	0.00	7	0.00	1/1 through 6	6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$	 \$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$	\$
Expenditures Made					Expenditure Limit Sumn	any for State
6. Payments Made Schedule E, Line 4	\$	0.00	\$	0.00	Candidates	iary for State
7. Loans Made Schedule H, Line 3		0.00		0.00	¢.	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	22. Cumulative Exp (If Subject to Voluntar	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	iolal to Balo
11. TOTAL EXPENDITURES MADE	\$	0.00	\$	0.00		\$
Current Cash Statement	:		Г			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	4,728.25	To	calculate Column B, add		
13. Cash Receipts		0.00	am	ounts in Column A to the		
14. Miscellaneous Increases to Cash		0.00		responding amounts m Column B of your last	*Amounts in this section may be reported in Column B.	different from amounts
15. Cash Payments Column A, Line 8 above		0.00		ort. Some amounts in lumn A may be negative	reported in Column b.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	4,728.25	figu	ures that should be		

0.00

0.00

13,000.00

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)

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