

ORIGINAL

COVER PAGE

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED '00 MAR -7 A10:24 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA FORM 460
	Page <u>1</u> of <u>16</u> For Official Use Only

Statement covers period
from 7-1-99
through 12-31-99

Date of election if applicable:
(Month, Day, Year)
20

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

COMMITTEE NAME

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Ave., Suite N713

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909 590-1600

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

John Perry

MAILING ADDRESS

13556 Anochecer Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909 591-0421

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 16

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
13556 Anochecer Ave., Chino Hills CA 91709

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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 1-31-00
DATE

Executed on 3-6-00
DATE

Executed on _____
DATE

Executed on _____
DATE

By Gwenn Norton-Perry
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

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>7-1-99</u> through <u>12-31-99</u>		CALIFORNIA FORM 460
Page <u>3</u> of <u>16</u>		
NAME OF FILER <u>Gwen Norton-Perry</u>		I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwen Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>552.99</u>	\$ <u>660.54</u>	\$ <u>1,213.53</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>552.99</u>	\$ <u>660.54</u>	\$ <u>1,213.53</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>552.99</u>	\$ <u>660.54</u>	\$ <u>1,213.53</u>

* as corrected

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>964.58</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>552.99</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>411.59</u>

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>660.54</u>	\$ <u>552.99</u>

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 7-1-99
through 12-31-99

CALIFORNIA FORM **460**

Page 4 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 7-1-99
through 12-31-99

CALIFORNIA FORM 460

Page 5 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
SUBTOTAL \$							\$	Enter (b) on Summary Page, Line 17 only.

Schedule B – Part 1 Summary

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) \$ 0
- 2. Amount received this period – unitemized loans of less than \$100 \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule B – Part 2 Summary

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
- 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
- 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 0
- 7. Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

May be a negative number.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>16</u>
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

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

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

Statement covers period
from 7-1-99
through 12-31-99

SCHEDULE D
CALIFORNIA FORM 460
Page 9 of 16
I.D. NUMBER
910 278

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	7-1-99	
through	12-31-99	Page 10 of 16
		I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Chino Hills 2001 Grand Ave. Chino Hills, CA 91709		Late Filing Fee	100.00

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

SUBTOTAL \$ 100.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 100.00
2. Unitemized payments made this period of under \$100	\$ 452.99
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 552.99

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>16</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/spo |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

Schedule F Summary

- 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
- 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
- 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

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period
from 7-1-99
through 12-31-99

**CALIFORNIA
FORM 460**

Page 12 of 16

I.D. NUMBER
910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

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

**Schedule H – Part 1
Loans Made to Others***

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

SCHEDULE H - PART 1

Statement covers period
from 7-1-99
through 12-31-99

**CALIFORNIA
FORM 460**

Page 13 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$

0

Schedule H – Part 1 Summary

- 1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) \$ 0
- 2. Unitemized loans under \$100 made this period \$ 0
- 3. Total loans made this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule H – Part 2 Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals.
If forgiven, *also* itemize on Schedule E.) \$ 0
- 5. Unitemized payments received on loans under \$100.
(Including a forgiveness.) \$ 0
- 6. Total loan payments received this period.
(Add Lines 4 and 5.) **TOTAL \$** 0
- 7. Net change this period. (Subtract Line 6 from Line 3.
Enter the net here and on the Summary Page, Column A, Line 7.) **NET \$** 0
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 7-1-99
through 12-31-99

CALIFORNIA FORM 460

Page 16 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ 0
- 2. Unitemized increases to cash under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0

ORIGINAL

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	RECEIVED	CALIFORNIA FORM 460
00 AUG -9 P3:29		Page <u>1</u> of <u>16</u>
		For Official Use Only (21)

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	Date of election if applicable: (Month, Day, Year) <u>November 2000</u>
---	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored
<i>(Also Complete Part 5.)</i> | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

OFFICE OF CITY CLERK
CHINO HILLS

3. Committee Information

I.D. NUMBER
910778

COMMITTEE NAME

Committee to Elect Gwen Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Ave N-113

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-590-1600

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

John Perry

MAILING ADDRESS

13556 Anochecer

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909 591-0421

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 16

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Gwen Norton-Rey
OFFICE SOUGHT OR HELD: China Hills City Council
RESIDENTIAL/BUSINESS ADDRESS: 13556 Anochee Ln, China Hills CA 91709

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with columns: COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes
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

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes

Attach continuation sheets if necessary

7. 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 8-4 DATE
Executed on 8-4 DATE
Executed on DATE
Executed on DATE

By John D. Rey SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
By [Signature] 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>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>46</u>	I.D. NUMBER <u>910728</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwen Northrup

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received Schedule B, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>270.06</u>	\$ <u>0</u>	\$ <u>270.06</u>
7. Loans Made Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>270.06</u>	\$ <u>0</u>	\$ <u>270.06</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>552.99</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>270.06</u>
15. Cash Payments Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>282.93</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>0</u>
21. Expenditures Made	\$ <u>270.06</u>	<u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Guenn E. Norton Penny

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>16</u>
	I.D. NUMBER <u>910728</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only. \$	

Schedule B – Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) \$ _____
- Amount received this period – unitemized loans of less than \$100 \$ _____
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule B – Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** _____
- Net change this period. (**Subtract** Line 6 from Line 3.) **NET \$** 0
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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 1-1-00
through 6-30-00

**CALIFORNIA
FORM 460**

Page 8 of 16

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn E. Norton

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME, MAILING 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

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

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

SCHEDULE D

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>16</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwen E. Norton Reg

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

**Schedule E
Payments Made**

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

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>16</u>
	I.D. NUMBER <u>910718</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn E. Norton-Remy

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
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
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 t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>0</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>0</u>

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>16</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwen E. Norton-Lenz

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

Schedule F Summary

- 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
- 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
- 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

**Schedule H – Part 1
Loans Made to Others***

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

Statement covers period
from 1-1-00
through 6-30-00

CALIFORNIA
FORM **460**

Page 13 of 15

I.D. NUMBER
910728

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn E. Norton Perry

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$ 0

Schedule H – Part 1 Summary

- 1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) \$ _____
- 2. Unitemized loans under \$100 made this period \$ _____
- 3. Total loans made this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule H – Part 2 Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) \$ _____
- 5. Unitemized payments received on loans under \$100. (Including a forgiveness.) \$ _____
- 6. Total loan payments received this period. (Add Lines 4 and 5.) **TOTAL \$** 0
- 7. Net change this period. (Subtract Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) **NET \$** 0
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1-1-00
through 6-30-00

CALIFORNIA FORM **460**

Page 16 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn E. Norton Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ 0
- 2. Unitemized increases to cash under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 0

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page <u>1</u> of <u>8</u>
	For Official Use Only <u>23</u>
'00 OCT -5 P5:11	

Statement covers period
from 1 Jul 2000
through 30 Sep 2000

Date of election if applicable:
(Month, Day, Year)
November 7, 2000

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

OFFICE OF CITY CLERK
CHINO HILLS

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-590-1600

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 8

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
13556 Anochecer Avenue Chino Hills, CA 91709

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. Verification

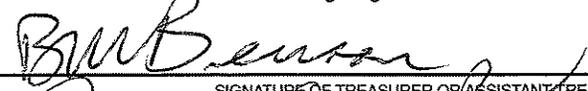
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

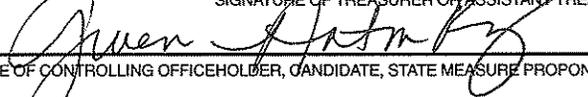
Executed on 5 Oct 2000
DATE

Executed on 5 Oct 2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
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>1 Jul 2000</u> through <u>30 Sep 2000</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>3990.62</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	<u>35.41</u>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>4026.03</u>	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	<u>260.00</u>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>4286.03</u>	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>1340.97</u>	\$ <u>270.06</u>	\$ <u>1,611.03</u>
7. Loans Made Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1340.97</u>	\$ <u>270.06</u>	\$ <u>1,611.03</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>	<u>.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>260.00</u>	<u>0</u>	<u>260.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1600.97</u>	\$ <u>0</u>	\$ <u>1600.97</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>282.93</u>
13. Cash Receipts Column A, Line 3 above	<u>4026.03</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>1340.97</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ <u>2967.99</u>

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ _____

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>4286.03</u>
21. Expenditures Made	\$ <u>UNK</u>	<u>1600.97</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1 Jul 2000</u> through <u>30 Sep 2000</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/1/00	Steven M. Hood & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Self-Employed	\$500.00		
9/25/00	Barry Fischer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Editor Chino Hills 91709	\$108.00		
9/26/00	Applied Planning, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1000.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$				1608.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	<u>1608.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$	<u>2382.62</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>3990.62</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 1 Jul 2000
through 30 Sep 2000

CALIFORNIA FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
9/13/00	Gwenn Norton-Perry <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	City Council Member City of Chino Hills	DUE DATE 10/31/00 INTEREST RATE 0 %	\$35.41	CALENDAR YEAR \$35.41 OTHER \$	CALENDAR YEAR \$ OTHER \$	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$	CALENDAR YEAR \$ OTHER \$	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$	CALENDAR YEAR \$ OTHER \$	
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only.	

Schedule B – Part 1 Summary

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) \$ _____
- 2. Amount received this period – unitemized loans of less than \$100 \$ 35.41
- 3. Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 35.41

Schedule B – Part 2 Summary

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, *also* itemize the transaction on Schedule A.) \$ _____
- 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** _____
- 7. Net change this period. (**Subtract** Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$** _____

May be a negative number.

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1 Jul 2000</u> through <u>30 Sep 2000</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/23/00	Universal Waste P.O. Box 700 Pomona, CA 91769	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Portable tioletts and trash bin for BBQ	\$205.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 205.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 55.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 260.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1 Jul 2000	
through	30 Sep 2000	Page 7 of 8
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco Wholesale 13111 Peyton Drive Chino Hills, CA 91709	FND	Food and supplies for BBQ	126.21
Hottingers Family Meats 5437 Chino Avenue Chino, CA 91710	FND	Food for BBQ	218.43
Party Central Rentals 4200 Chino Hills Pkwy. #665 Chino Hills, CA 91709	FND	Furniture for BBQ	331.50

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

SUBTOTAL \$ 676.14

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 949.94
2. Unitemized payments made this period of under \$100	\$ 391.03
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 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 \$ 1340.97

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

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

SCHEDULE E (CONT.)

Statement covers period
from 1 Jul 2000
through 30 Sep 2000

CALIFORNIA
FORM 460

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

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

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Albertsons Food & Drug 3255 Grand Avenue Chino Hills, CA 91709	FND		Food and drinks for BBQ	163.80
City of Chino Hills 2001 Grand Avenue Chino Hills, CA 91709	LIT		Campaign statement	110.00

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

SUBTOTAL \$ 273.80

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page <u>1</u> of <u>6</u>
'00 OCT 26 P 4:32	For Official Use Only <u>24</u>

Statement covers period
from 1 Oct 2000
through 21 Oct 2000

Date of election if applicable:
(Month, Day, Year)
November 7, 2000

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

OFFICE OF CITY CLERK
CHINO HILLS

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-590-1600

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page <u>2</u> of <u>6</u>		

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
13556 Anochecer Avenue	Chino Hills,	CA	91709	

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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.

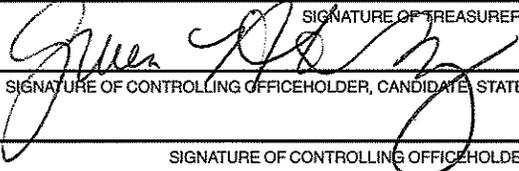
Executed on 26 Oct 2000
DATE

Executed on 26 Oct 2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
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>1 Oct 2000</u>	CALIFORNIA FORM 460
through <u>21 Oct 2000</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>3148.00</u>	\$ <u>3990.62</u>	\$ <u>7138.62</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0</u>	<u>35.41</u>	<u>35.41</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>3148.00</u>	\$ <u>4026.03</u>	\$ <u>7174.03</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>260.00</u>	<u>260.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>3148.00</u>	\$ <u>4286.03</u>	\$ <u>7434.03</u>

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1487.47</u>	\$ <u>1611.03</u>	\$ <u>3098.50</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1487.47</u>	\$ <u>1611.03</u>	\$ <u>3098.50</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>260.00</u>	<u>260.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1487.47</u>	\$ <u>1600.97</u>	\$ <u>3088.44</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2685.06</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>3148.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1487.47</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4345.59</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0</u>
--	-------------

Cash Equivalents and Outstanding Debts

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>7434.03</u>
21. Expenditures Made	\$ <u>UNK</u>	<u>3088.44</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1 Oct 2000</u> through <u>21 Oct 2000</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/5/00	Sand Dollar Mortgage [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
10/17/00	Big League Dreams Sports [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/17/00	Gunnels Enterprises [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
10/21/00	David Ariss [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Real Estate PIB Realty Advisors	\$1500.00	\$1500.00	
10/21/00	Debbie Lumbattis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
SUBTOTAL \$				2500.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>2750.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>398.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>3148.00</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**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 <u>1 Oct 2000</u> through <u>21 Oct 2000</u>		CALIFORNIA FORM 460
NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/21/00	Ronald La Brucherie 12953 S. Baker Avenue Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer	\$250.00	\$250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$					\$250.00	

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 Oct 2000</u> through <u>21 Oct 2000</u>		CALIFORNIA FORM	460
		Page <u>6</u> of <u>6</u>	
		I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

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

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Colby Poster Printer 1332 W. 12th Place Los Angeles, CA 90015	CMP	Signs	1293.58

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

SUBTOTAL \$ 1293.58

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.).....	\$	<u>1293.58</u>
2. Unitemized payments made this period of under \$100.....	\$	<u>193.89</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).).....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	<u>1487.47</u>

Recipient Committee Campaign Statement
 (Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page <u>1</u> of <u>7</u>
	For Official Use Only <u>(27)</u>
*01 JAN 31 A 8:59	

Statement covers period
 from 22 Oct 2000
 through 31 Dec 2000

Date of election if applicable:
 (Month, Day, Year)
November 7, 2000

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Broad Based |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 49F |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-590-1600

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 7

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
13556 Anochecer Avenue Chino Hills, CA 91709

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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.

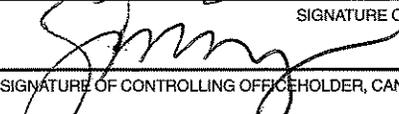
Executed on 31 Jan 2001
DATE

Executed on 31 Jan 2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
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>22 Oct 2000</u> through <u>31 Dec 2000</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>7</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>2237.00</u>	\$ <u>7138.62</u>	\$ <u>9375.62</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0</u>	<u>35.41</u>	<u>35.41</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>2237.00</u>	\$ <u>7174.03</u>	\$ <u>9411.03</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>260.00</u>	<u>260.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>2237.00</u>	\$ <u>7434.03</u>	\$ <u>9671.03</u>

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>3694.78</u>	\$ <u>3098.50</u>	\$ <u>6793.28</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3694.78</u>	\$ <u>3098.50</u>	\$ <u>6793.28</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>260.00</u>	<u>260.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3694.78</u>	\$ <u>3358.50</u>	\$ <u>7053.28</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4345.59</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>2237.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>10.80</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>3694.78</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2898.61</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0</u>
--	-------------

Cash Equivalents and Outstanding Debts

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 22 Oct 2000
through 31 Dec 2000

CALIFORNIA FORM 460
Page 4 of 7
I.D. NUMBER
910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/28/00	MHET PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
10/28/00	B.I.A. of Southern California PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/28/00	Rivendell Land Company, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 1250.00

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1250.00

2. Amount received this period – unitemized contributions of less than \$100 \$ 987.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2237.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule E
Payments Made**

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

Statement covers period from <u>22 Oct 2000</u> through <u>31 Dec 2000</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Printing Resources 893 West 9th Street Upland, CA 91786-4541	LIT		1090.00
Minuteman Press 14676 Pipeline Ave. Suite R Chino Hills, CA 91709	LIT		1318.86
Champion Publications 13179 9th Street Chino, CA 91710	PRT		985.50

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

SUBTOTAL \$ 3394.36

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3553.86
2. Unitemized payments made this period of under \$100	\$ 140.92
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 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 \$ 3694.78

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

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

Statement covers period from <u>22 Oct 2000</u> through <u>31 Dec 2000</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Peter Rogers Photography 15338 Cinnabar Chino Hills, CA 91709	LIT		159.50

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

SUBTOTAL \$ 159.50

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 22 Oct 2000
through 31 Dec 2000

CALIFORNIA FORM 460
Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. \$ 10.80
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 10.80

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED JUL 27 P1:55	Page <u>1</u> of <u>6</u>
	For Official Use Only <u>28</u>

Statement covers period
from 1 Jan 2001
through 30 Jun 2001

Date of election if applicable
(Month, Day, Year)
November 7, 2000 '01

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 497 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-590-1600

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills,	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 6

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gwenn Norton-Perry			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Chino Hills City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
13556 Anochecer Avenue	Chino Hills,	CA	91709

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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 31 Jul 2001
DATE

Executed on 31 Jul 2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By Bur Benson
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By [Signature]
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>1 Jan 2001</u>	CALIFORNIA FORM 460
through <u>30 Jun 2001</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
2. Loans Received <i>Schedule B, Line 7</i>	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>959.99</u>	\$ _____	\$ <u>959.99</u>
7. Loans Made <i>Schedule H, Line 7</i>	_____	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>959.99</u>	\$ _____	\$ <u>959.99</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>959.99</u>	\$ _____	\$ <u>959.99</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2590.30</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>250.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>90.27</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>959.99</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1970.58</u>

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ _____
--	----------

Cash Equivalents and Outstanding Debts

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

Summary for Candidates in Both June and November Elections

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1 Jan 2001</u> through <u>30 Jun 2001</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1/25/01	Stonecreek Corporation [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 250.00

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>250.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>250.00</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule E
Payments Made**

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

Statement covers period from <u>1 Jan 2001</u> through <u>30 Jun 2001</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Printing Resources 893 West 9th Street Upland, CA 91786-4541	LIT		905.85

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

SUBTOTAL \$ 905.85

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ _____
2. Unitemized payments made this period of under \$100	\$ <u>54.14</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>959.99</u>

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 Jan 2001</u> through <u>30 Jun 2001</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$ _____
2. Unitemized increases to cash under \$100 this period.	\$ <u>90.27</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).)	\$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>90.27</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL COVER PAGE

Date Stamp	CALIFORNIA 460 2001/02 FORM
RECEIVED JAN 30 P5:47 29	
Statement covers period from <u>1 Jul 2001</u> through <u>31 Dec 2001</u>	Date of election if applicable: (Month, Day, Year) <u>November 7, 2000</u>
Page <u>1</u> of <u>5</u> For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 910778

Treasurer(s) Brett M. Benson

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

Committee to Elect Gwenn Norton-Perry

NAME OF TREASURER

3335 Organdy Lane

MAILING ADDRESS

Chino Hills,

CA

91709

909-597-6869

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Chino Hills,</u>	<u>CA</u>	<u>91709</u>	<u>909-590-1600</u>
---------------------	-----------	--------------	---------------------

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

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 31 Jan 2002
Date

Executed on 31 Jan 2002
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By _____
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460	
Page <u>2</u>	of <u>5</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gwenn Norton-Perry			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Chino Hills City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
3269 Muirfield Avenue	Chino Hills,	CA	91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed 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

Statement covers period from <u>1 Jul 2001</u>	CALIFORNIA FORM 460
through <u>31 Dec 2001</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL O'DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>-0-</u>	\$ <u>250.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>-0-</u>	\$ <u>250.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>-0-</u>	\$ <u>250.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL O'DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>600.00</u>	\$ <u>1559.99</u>
7. Loans Made <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>600.00</u>	\$ <u>1559.99</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>600.00</u>	\$ <u>1559.99</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>1970.58</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>-0-</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>10.33</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>(600.00)</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1380.91</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).

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

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

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

Statement covers period from <u>1 Jul 2001</u>		CALIFORNIA FORM 460
through <u>31 Dec 2001</u>		
Page <u>4</u> of <u>5</u>		I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|--|
| CMP 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 |
| 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/spons. |
| 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
9/25/01 St. Lucy's High School 655 W. Sierra Madre Glendora, CA 91741	PRT		\$100.00
9/25/01 American Red Cross Relief Fund 209 East I Street Ontario, CA 91764	CVC		\$500.00

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

SUBTOTAL \$ 600.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>600.00</u>
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>600.00</u>

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 Jul 2001</u> through <u>31 Dec 2001</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. (Interest) \$ 10.33
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))..... \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 10.33

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp

CALIFORNIA 460
2001/02
FORM

Page 1 of 5

For Official Use Only

RECEIVED
30 '02 JUL 31 A7:45
November 7, 2000

Statement covers period
from 1 Jan 2002
through 30 Jun 2002

Date of election if applicable:
(Month, Day, Year)
November 7, 2000

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

2. Type of Statement:

- Preelection Statement
- 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 910778

Treasurer(s) Brett M. Benson

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

Committee to Elect Gwenn Norton-Perry

NAME OF TREASURER

3335 Organdy Lane

MAILING ADDRESS

Chino Hills, CA 91709 909-597-6869
CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Ste. N-113

CITY STATE ZIP CODE AREA CODE/PHONE
Chino Hills, CA 91709 909-606-0460

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE 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

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 31 Jul 2002
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

Executed on 31 Jul 2002
Date

By [Signature]
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.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills, CA 91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

Statement covers period from <u>1 Jan 2002</u> through <u>30 Jun 2002</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>1380.91</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>-0-</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>8.42</u>
15. Cash Payments <i>Column A, Line 8 above</i>	
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1389.33</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).

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

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

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

Statement covers period
from 1 Jan 2002
through 30 Jun 2002

SCHEDULE E
CALIFORNIA FORM 460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

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

SUBTOTAL \$

Schedule E Summary

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

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 Jan 2002</u> through <u>30 Jun 2002</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. (Interest) \$ 8.42
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 8.42

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

(31)

ORIGINAL

COVER PAGE

Date Stamp	RECEIVED	CALIFORNIA 2001/02 FORM 460
03 JAN 31 A6:53		
OFFICE OF CITY CLERK		Page <u>1</u> of <u>5</u>
		For Official Use Only

Statement covers period
from 1 JUL 2002
through 31 DEC 2002

Date of election if applicable:
(Month, Day, Year)
7 NOV 2000

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement: CHINO HILLS

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 910778

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT
GWENN NORTON - PERRY

STREET ADDRESS (NO P.O. BOX)
3233 GRAND AVE., SUITE N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>CHINO HILLS</u>	<u>CA</u>	<u>91709</u>	<u>909-606-0460</u>

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) BRETT M. BENSON

NAME OF TREASURER
3335 ORGANDY LANE

MAILING ADDRESS
CHINO HILLS, CA 91709 909-597-6869

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

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 31 JAN 2003
Date

Executed on 31 JAN 2003
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

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

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA
FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

GWENN NORTON-PERRY

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

CHINO HILLS CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

3028 SUMMITVIEW LANE CHINO HILLS CA 91709

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. 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 Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

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 <u>1 JUL 2002</u> through <u>31 DEC 2002</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENN NORTON-FERRY

I.D. NUMBER

910778

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL O DATE
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1389.33</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>5.17</u>
15. Cash Payments Column A, Line 8 above	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1394.50</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).

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 JUL 2002</u> through <u>31 DEC 2002</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENN NORTON-PERRY

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

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

SUBTOTAL \$

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ _____ |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>0</u> |

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JUL 2002</u> through <u>31 DEC 2002</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GWENN NORTON-PERRY

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. (INTEREST) \$ 5.17
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 5.17

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

32

COVER PAGE

Date Stamp RECEIVED 2003 JUL 31 AM 11:05 OFFICE OF THE CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>1 June 2003</u> through <u>30 June 2003</u>	Date of election if applicable: (Month, Day, Year) <u>7 Nov 2000</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

COMMITTEE TO ELECT
BOWEN NORTON-PERRY

STREET ADDRESS (NO P.O. BOX)

3233 GRAND AVE., SUITE N-113

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS, CA 91709 909-606-0460

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)

BRETT M. BENSON

NAME OF TREASURER

3335 ORGANDY LANE

MAILING ADDRESS

CHINO HILLS, CA 91709 909-597-6869

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

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 31 JUL 2003
Date

By Brett Benson
Signature of Treasurer or Assistant Treasurer

Executed on 31 JUL 2003
Date

By Gene Perry
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.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
GWENN NORTON-PERRY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CHINO HILLS CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 SUMMITVIEW LN, CHINO HILLS, CA
91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if an

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed 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

Statement covers period from <u>1 JAN 2003</u> through <u>30 JUN 2003</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENN NORTON - PERRY

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>0</u>
2. Loans Received Schedule B, Line 7		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 7		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1394.50</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1394.50</u>

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

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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	\$ _____

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 JAN 2003</u>	CALIFORNIA FORM 460
through <u>30 JUN 2003</u>	
Page <u>4</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENNE NORTON-FERRY

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

- | | | |
|---|---|---|
| CMP 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 |
| 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/spo. or |
| 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

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

SUBTOTAL \$

Schedule E Summary

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

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JAN 2003</u> through <u>30 JUN 2003</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GWENN NORTON-PERRY

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

33

Original

COVER PAGE

Date Stamp RECEIVED 2004 JAN 30 AM 10:12	CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>5</u>		For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS		

Statement covers period from <u>1 Jul 2003</u> through <u>31 Dec 2003</u>	Date of election if applicable: (Month, Day, Year) <u>7 NOV 2000</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Primarily Formed |
| <input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="radio"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="radio"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

COMMITTEE TO ELECT GWENN
NORTON-RESCU

STREET ADDRESS (NO P.O. BOX)

3233 GRAND AVE SUITE N-113
CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909606-
0450
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

BETH M. BENSON

MAILING ADDRESS

3335 ORGANDY LANE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CHINO HILLS CA 91709 909
597-6869

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 30 JAN 2004
Date

By Beth Benson
Signature of Treasurer or Assistant Treasurer

Executed on 30 JAN 2004
Date

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

Executed on _____
Date

By [Signature]
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.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
GWENN NORTON-PERRY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CHINO HILLS CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 SUMMITVIEW LN, CHINO HILLS, CA
91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

Statement covers period from <u>1 JUL 2003</u>	CALIFORNIA FORM 460
through <u>31 DEC 2003</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENN NORTON-PERRY

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>0</u>
2. Loans Received Schedule B, Line 7	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 7	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1394.50</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>2.60</u>
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1397.10</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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E
Payments Made**

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

Statement covers period from <u>1 JUL 2003</u> through <u>31 DEC 2003</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GWENN NORTON-PERRY

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

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

SUBTOTAL \$

Schedule E Summary

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

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JUL 2003</u> through <u>31 DEC 2003</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>
I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GWENN NORTON-PERRY

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. INTEREST \$ 2.60
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 2.60

Original

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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RECEIVED 2004 JUL 30 PM 12:57 OFFICE OF CITY CLERK CHINO HILLS CALIFORNIA 2001/02 FORM 460 Page 1 of 6

Statement covers period from 1 JAN 2004 through 30 JUN 2004 Date of election if applicable: 7 NOV 2000

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, General Purpose Committee, Sponsored, Political Party/Central Committee, Ballot Measure Committee, Primarily Formed, Controlled, Sponsored, Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement, Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, Special Odd-Year Report, Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 910778

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX) 3233 Grand Avenue, Suite N-113

CITY STATE ZIP CODE AREA CODE/PHONE Chino Hills CA 91709 909-606-0460

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 Brett M. Benson

MAILING ADDRESS 3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE Chino Hills CA 91709 909-597-6869

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 31 JUL 2004 Date

Executed on 31 JUL 2004 Date

Executed on Date

Executed on Date

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] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page <u>2</u> of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills,	CA	91709	

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. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

Statement covers period from <u>1 JAN 2004</u> through <u>30 JUN 2004</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 99.00	\$
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 99.00	\$
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 99.00	\$

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

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

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1397.10
13. Cash Receipts	Column A, Line 3 above	99.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1.73
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1497.83

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

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).

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

Cash Equivalents and Outstanding Debts		Column A 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	\$ _____

*Since January 1, 2001. 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

Statement covers period from <u>1 JAN 2004</u>	CALIFORNIA FORM 460
through <u>30 JUN 2004</u>	
Page <u>4</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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)
		<input 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"/> 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized contributions of less than \$100 \$ 99.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 99.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period		CALIFORNIA FORM 460
from	1 JAN 2004	
through	30 JUN 2004	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100 \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 0.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1 JAN 2004
through 30 JUN 2004

**CALIFORNIA
FORM 460**

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. \$ 1.73
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 1.73

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

35

Original

COVER PAGE

Date Stamp
RECEIVED
2004 OCT -5 AM 7:19
OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA 460
2001/02
FORM
Page 1 of 10
For Official Use Only

Statement covers period
from 1 JUL 2004
through 30 SEP 2004

Date of election if applicable
(Month, Day, Year)
2 NOV 2004

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

2. Type of Statement:

- Preelection Statement
- 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
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-113

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Chino Hills CA 91709 909-597-6869

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 OCT 2004
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

Executed on 3 OCT 2004
Date

By Gwenn Norton-Perry
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Gwenn Norton-Perry; OFFICE SOUGHT OR HELD: Chino Hills City Council; RESIDENTIAL/BUSINESS ADDRESS: 3028 Summitview Lane, Chino Hills, CA 91709

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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone

6. Ballot Measure Committee

NAME OF BALLOT MEASURE; TABLE with columns: Ballot No. or Letter, Jurisdiction, Support/Oppose; Identify the controlling officeholder, candidate, or state measure proponent, if any.

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/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

Statement covers period from <u>1 JUL 2004</u>	CALIFORNIA FORM 460
through <u>30 SEP 2004</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>15,556.00</u>	\$ <u>15,655.00</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>15,556.00</u>	\$ <u>15,655.00</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>15,556.00</u>	\$ <u>15,655.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>6,310.91</u>	\$ <u>6,310.91</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,310.91</u>	\$ <u>6,310.91</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,310.91</u>	\$ <u>6,310.91</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1,497.83</u>
13. Cash Receipts Column A, Line 3 above	<u>15,556.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>281.00</u>
15. Cash Payments Column A, Line 8 above	<u>6,310.91</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>11,023.92</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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2004	
through	30 SEP 2004	Page <u>4</u> of <u>10</u>
NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

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)
7/17/2004	William Klein 3208 Oakleaf Ct. Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Board Trustee Chino Valley USD	200.00	200.00	
7/17/2004	Barry Fischer 3369 Royal Ridge Rd. Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	324.00	324.00	
8/20/2004	Pramukh Investments Inc. 4661 Torrey Pines Dr. Chino Hills, CA 91709	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		198.00	198.00	
8/20/2004	Applied Planning Inc. 2151 E. Convention Way Ontario, CA 91764	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
8/20/2004	Kanu Parikh 1218 E. Hillmar Dr. Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Investor	1,500.00	1,500.00	
SUBTOTAL \$				3,222.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 12,172.00
- Amount received this period – unitemized contributions of less than \$100 \$ 3,384.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,556.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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		CALIFORNIA FORM 460
from	1 JUL 2004	
through	30 SEP 2004	Page 5 of 10
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

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)
8/20/2004	Arthur Herrera [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Diamond Bar	100.00	100.00	
8/20/2004	Tulsi Savani [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Center Super Mart	1,500.00	1,500.00	
8/20/2004	Jaswant Suthar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
8/20/2004	Gary Larson [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ACS Computers	1,000.00	1,000.00	
8/20/2004	Curt Hagman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Apex Bail Bonds	300.00	300.00	
SUBTOTAL \$				3,000.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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 <u>1 JUL 2004</u> through <u>30 SEP 2004</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>10</u>

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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)
8/20/2004	David Kowalski [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Los Angeles	100.00	100.00	
8/20/2004	Elizabeth Bergman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
8/20/2004	Centex Homes South Coast [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
8/20/2004	RMK Financial Corp. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
8/20/2004	Century 21 King Realtors [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
SUBTOTAL \$				3,450.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 <u>1 JUL 2004</u> through <u>30 SEP 2004</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>10</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
9/15/2004	Treh Partners 1, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
9/15/2004	Taxpayers for Bob Huff ID #1253818 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,500.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period		SCHEDULE E	
from	1 JUL 2004	CALIFORNIA FORM 460	
through	30 SEP 2004	Page	8 of 10
NAME OF FILER		I.D. NUMBER	
Gwenn Norton-Perry		910778	

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Brett Benson 3335 Organdy Lane Chino Hills, CA 91709	WEB	Reimbursement for domain and web hosting costs	119.00
City of Chino Hills 2001 Grand Ave. Chino Hills, CA 91709	FIL	Election filing fees	790.00
National Construction Rentals P.O. Box 4503 Pacoima, CA 91333	FND	Portable toilet rental for Magic Show	170.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1,079.00**

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 6,010.54
2. Unitemized payments made this period of under \$100	\$ 300.37
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 6,310.91

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2004	
through	30 SEP 2004	Page 9 of 10
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
Spellman's Magic Spectacular 3802 Cornell Drive Oceanside, CA 92056	FND	Magician's fee	275.00
City of Chino Hills 2001 Grand Ave. Chino Hills, CA 91709	FND	Deposit for McCoy Equestrian Center	200.00
Colby Poster Printing 1332 W. 12th Pl. Los Angeles, CA 90015	LIT	Signs	3,956.54
MacBenson Interactive 401 Wycliffe Irvine, CA 92602	WEB	Website design	500.00

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

SUBTOTAL \$ 4,931.54

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2004	
through	30 SEP 2004	Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$	0.00
2. Unitemized increases to cash under \$100 this period.	\$	281.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	_____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	281.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

36

Original

COVER PAGE

Date Stamp RECEIVED 2004 OCT 21 PM 3:06 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 460 2001/02 FORM	
	Page 1 of 9	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1 OCT 2004 through 16 OCT 2004	Date of election if applicable: (Month, Day, Year) 2 NOV 2004
---	---

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

2. Type of Statement:

- Preelection Statement
- 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
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

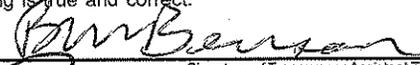
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 21 OCT 2004
Date

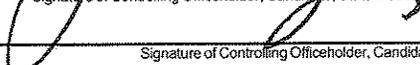
Executed on 21 OCT 2004
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
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

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA FORM		460
Page	2	of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

Statement covers period from <u>1 OCT 2004</u>	CALIFORNIA FORM 460
through <u>16 OCT 2004</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>4,018.27</u>	\$ <u>19,574.27</u>
2. Loans Received <i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>4,018.27</u>	\$ <u>19,574.27</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>148.00</u>	<u>148.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>4,166.27</u>	\$ <u>19,722.27</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>7,840.80</u>	\$ <u>14,151.71</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>7,840.80</u>	\$ <u>14,151.71</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>148.00</u>	<u>148.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>7,988.80</u>	\$ <u>14,299.00</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>11,023.92</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>4,018.27</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>3.31</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>- 7,840.80</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>7,204.70</u>

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

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

Cash Equivalents and Outstanding Debts

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

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).

*Since January 1, 2001. 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

Statement covers period from <u>1 OCT 2004</u> through <u>16 OCT 2004</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>9</u>	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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)
10/1/2004	Michelle Kirkhoff Big Bear, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Transportation/Air Quality Programs - SANBAG	400.00	400.00	
10/1/2004	James Kline	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office/industrial developer	200.00	200.00	
10/7/2004	Hub Caps Only Inc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/16/2004	Paul Husson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief, Dept of Health County of Los Angeles	440.00	440.00	
10/16/2004	Gary Ovitt [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		140.00	140.00	

SUBTOTAL \$ 1380.00

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 1,570.00
2. Amount received this period – unitemized contributions of less than \$100	\$ 2,448.27
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 4,018.27

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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 <u>1 OCT 2004</u> through <u>16 OCT 2004</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>9</u>		
NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

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)
10/16/2004	Gary Larson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ACS Computers	190.00	1190.00	
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				190.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 1 OCT 2004
through 16 OCT 2004

**CALIFORNIA
FORM 460**

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10-15-04	Doris Abbott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Cookie Lee Jewelry	Jewelry	148.00	148.00	
		<input 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 148.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 148.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 148.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1 OCT 2004	
through	16 OCT 2004	Page <u>7</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Champion Newspapers 13179 9th St. Chino, CA 91710	PRT	Chino Hills Champion ads	4837.17
Staples 4016 Grand Ave. Chino, CA 91710	CMP		211.52
Chino Valley Chamber of Commerce 13150 7th St. Chino, CA 91710	MTG	Booth at Business Expo	175.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 5,223.69**

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 7,698.69
2. Unitemized payments made this period of under \$100	\$ 142.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 7,840.80

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

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

Statement covers period		CALIFORNIA FORM 460
from	1 OCT 2004	
through	16 OCT 2004	Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Ragland Graphics 15942 Los Serranos CC Dr., #D307 Chino Hills, CA 91709	PRT	Chino Hills Courier ad Butterfield Stageline ad	925.00
Charla's 1495 W, 9th St. Upland, CA 91786	FND	Food for BBQ & Barn dance	750.00
Edward Medina - 'Souled Out'	FND	Band for BBQ & Barn dance	800.00

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

SUBTOTAL \$ 2,475.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 OCT 2004</u> through <u>16 OCT 2004</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. \$ 3.31
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 3.31

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

38

COVER PAGE

Date Stamp RECEIVE 2005 JAN 31 PM 3:19 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>11</u>	
For Official Use Only	

Statement covers period from <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	Date of election if applicable: (Month, Day, Year) <u>2 NOV 2004</u>
--	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-113

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-597-6869

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 31 JAN 2005
Date

Executed on 31 JAN 2005
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

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

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>11</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

Statement covers period from <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>12190.00</u>	\$ <u>31764.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>---</u>	\$ <u>---</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>12190.00</u>	\$ <u>31764.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>2126.00</u>	\$ <u>2274.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>14316.00</u>	\$ <u>34038.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>14169.00</u>	\$ <u>28321.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>---</u>	\$ <u>---</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>14169.00</u>	\$ <u>28321.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>---</u>	\$ <u>---</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>2126.00</u>	\$ <u>2274.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>16295.00</u>	\$ <u>30595.00</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>7205.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>12190.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>107.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>14169.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>5333.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. 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

Statement covers period from <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>11</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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)
10/19/2004	Susan Colvan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	novelty bus. owner	500.00		
10/19/2004	Thomas Carmichael [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir of Real Estate - Circle K	100.00		
10/19/2004	Frank Mormino [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed accountant	200.00		
10/19/2004	Scott Anderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	business owner manufacturing	300.00		
10/25/2004	Lewis Pacific Partners [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00		
SUBTOTAL \$				1850.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>11600.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>590.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>12190.00</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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 <u>17 OCT 2004</u> through <u>31 DEC 2004</u>		CALIFORNIA FORM 460
NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

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)
10/25/2004	Falcon Ridge Town Center [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
10/25/2004	RDS Partners, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3500.00		
10/25/2004	Rivendell Land Co. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
10/25/2004	B.I.A. of So. Calif. PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
10/25/2004	Tax Payers for Good Government [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
SUBTOTAL \$				7500.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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 <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>11</u>	I.D. NUMBER 910778

NAME OF FILER

Gwenn Norton-Perry

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)
11/5/2004	Manufactured Housing Education Trust PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
11/5/2004	Rolling Ridge Ranch [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
11/5/2004	AAGIE/CAAPAC Local Trust [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
11/5/2004	Sempra Energy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
11/5/2004	Harvest Land Company, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
SUBTOTAL \$				2100.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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 <u>1 JAN 2004</u>		CALIFORNIA FORM 460
through <u>30 JUN 2004</u>		
		Page <u>7</u> of <u>11</u>
NAME OF FILER <u>Gwenn Norton-Perry</u>		I.D. NUMBER <u>910778</u>

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)
11/30/04	Kristine Thalman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO B.I.A. Orange County	150.00	150.00	
		<input 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"/> 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				
SUBTOTAL \$				150.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>11</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/04	San Bernardino County Republican Party	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Design, data, printing & postage costs	2126.00		
		<input 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2126.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2126.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ --

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2126.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	17 OCT 2004	
through	31 DEC 2004	Page <u>9</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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
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
Champion Publications 13179 9th Street Chino, CA 91710	PRT		1119.00
Champion Publications 13179 9th Street Chino, CA 91710	PRT		331.00
Sandra's Mexican Grill 4200 Chino Hills Parkway Chino Hills, CA 91709	MTG		250.00

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

SUBTOTAL \$ 1700.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	13905.00
2. Unitemized payments made this period of under \$100	\$	264.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	---
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	14169.00

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	17 OCT 2004	
through	31 DEC 2004	Page 10 of 11
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
MMG Market Media 1876 Coolcrest Avenue Upland, CA 91784	CMP		12205.00

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

SUBTOTAL \$ 12205.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>17 OCT 2004</u> through <u>31 DEC 2004</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/30/04	City of Chino Hills 2001 Grand Avenue Chino Hills, CA 91709	Deposit refund for McCoy Center	100.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$	<u>100.00</u>
2. Unitemized increases to cash under \$100 this period.	\$	<u>7.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	<u> </u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	<u>107.00</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

39

COVER PAGE

Date Stamp	CALIFORNIA 460 2001/02 FORM
RECEIVED 2005 JUL 11 AM 8:08	Page <u>1</u> of <u>5</u> For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>1 JAN 2005</u> through <u>30 JUN 2005</u>	Date of election if applicable: (Month, Day, Year) <u>2 NOV 2004</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-597-6869

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 7 JULY 2005
Date

Executed on July 9 2005
Date

Executed on _____
Date

Executed on _____
Date

By BMBenson
Signature of Treasurer or Assistant Treasurer

By _____
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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gwenn Norton-Perry

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

Chino Hills City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JAN 2005</u>	CALIFORNIA FORM 460
through <u>30 JUN 2005</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

**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	\$ <u>309.00</u>	\$ _____
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>309.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>309.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5333.00</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>7.00</u>
15. Cash Payments Column A, Line 8 above	<u>309.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5031.00</u>

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

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.

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1 JAN 2005	
through	30 JUN 2005	Page 4 of 5
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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
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/spons...
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
S.O.A.R Chino Hills, CA 91709	CVC		150.00
Brett M. Benson 3335 Organdy Lane Chino Hills, CA 91709	WEB	Reimbursement for domain name renewal (Fat Cow)	60.00
Brett M. Benson 3335 Organdy Lane Chino Hills, CA 91709	OFC	Reimbursement for supplies	99.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 309.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 309.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 309.00

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1 JAN 2005
through 30 JUN 2005

SCHEDULE I

CALIFORNIA FORM 460

Page 5 of 5

I.D. NUMBER
910778

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ 7.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 7.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

40

Original

Statement covers period
from 1 JUL 2005
through 31 DEC 2005

Date of election if applicable:
(Month, Day, Year)
2 NOV 2004

Date Stamp
RECEIVED
2006 FEB -1 PM 4:21
OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA 460
2001/02
FORM
Page 1 of 6
For Official Use Only

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 Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-597-6869

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHO
------	-------	----------	---------------

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 30 Jan 2006
30 Jan 2006
Executed on 30 Jan 2006
Date
Executed on _____
Date
Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Gwenn Norton-Perry
OFFICE SOUGHT OR HELD: Chino Hills City Council
RESIDENTIAL/BUSINESS ADDRESS: 3028 Summitview Lane, Chino Hills, CA 91709

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE? (YES/NO)

COMMITTEE ADDRESS, STREET ADDRESS (NO P.O. BOX), CITY, STATE, ZIP CODE, AREA CODE/PHONE

COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE? (YES/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/OPOSE checkboxes

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/OPOSE checkboxes (repeated for multiple entries)

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 <u>1 JUL 2005</u> through <u>31 DEC 2005</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>500.00</u>	\$ <u>500.00</u>
2. Loans Received <i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>500.00</u>	\$ <u>500.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>500.00</u>	\$ <u>500.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>209.00</u>	\$ <u>518.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>209.00</u>	\$ <u>518.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>209.00</u>	\$ <u>518.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>5301.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>500.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>7.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>209.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>5599.00</u>

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

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.

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

Cash Equivalents and Outstanding Debts

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1 JUL 2005</u>	CALIFORNIA FORM 460
through <u>31 DEC 2005</u>	
Page <u>4</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
9/16/2005	Western Water Works ██████████ Chino Hills, CA 91709	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input 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"/> 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				
				SUBTOTAL \$	500.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	500.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	500.00

*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 E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2005	
through	31 DEC 2005	Page 5 of 6
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Page 5 of 6

I.D. NUMBER

910778

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

CMP	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
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
St. Paul the Apostle Catholic Church 14085 Peyton Drive Chino Hills, CA 91709	CVC			110.00

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

SUBTOTAL \$ 110.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	110.00
2. Unitemized payments made this period of under \$100	\$	99.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	209.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JUL 2005</u> through <u>31 DEC 2005</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$ _____
2. Unitemized increases to cash of under \$100 this period.	\$ <u>7.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>7.00</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

417

Original

COVER PAGE

Date Stamp	CALIFORNIA 460 2001/02 FORM
RECEIVED 2006 JUL 25 AM 7:38	Page <u>1</u> of <u>5</u> For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>1 JAN 2006</u> through <u>30 JUN 2006</u>	Date of election if applicable: (Month, Day, Year) <u>2 NOV 2004</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-597-6869

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 30 Jun 2006
Date

Executed on 30 Jun 2006
Date

Executed on _____
Date

Executed on _____
Date

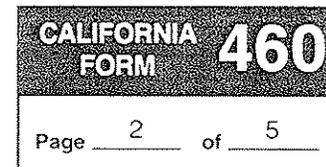
By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By _____
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

Recipient Committee
Campaign Statement
Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JAN 2006</u> through <u>30 JUN 2006</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>0.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>300.00</u>	\$ <u>300.00</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>300.00</u>	\$ <u>300.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>300.00</u>	\$ <u>300.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5599.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>7.00</u>
15. Cash Payments Column A, Line 8 above	<u>300.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5306.00</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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 E
Payments Made**

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

Statement covers period from <u>1 JAN 2006</u> through <u>30 JUN 2006</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Fairplex Educational Foundation P.O. Box 2250 Pomona, CA 91768	CVC		300.00

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

SUBTOTAL \$ 300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>300.00</u>
2. Unitemized payments made this period of under \$100	\$	<u>0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u> </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>300.00</u>

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1 JAN 2006
through 30 JUN 2006

CALIFORNIA FORM 460

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ 7.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 7.00

42

Original

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVE stamp with date 2007 FEB -2 PM 4:01, CALIFORNIA 2001/02 FORM 460, and OFFICE OF CITY CLERK CHINO HILLS.

Statement covers period from 1 JUL 2006 through 31 DEC 2006. Date of election if applicable: 2 NOV 2004.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 4. Includes checkboxes for Officeholder, Candidate Controlled Committee, State Candidate Election Committee, Recall, General Purpose Committee, etc.

2. Type of Statement: Includes checkboxes for Preelection Statement, Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, Special Odd-Year Report, Supplemental Preelection Statement.

3. Committee Information. I.D. NUMBER 910778. COMMITTEE NAME: Committee to Elect Gwenn Norton-Perry. STREET ADDRESS: 3233 Grand Avenue, Suite N-133. CITY: Chino Hills, STATE: CA, ZIP CODE: 91709, AREA CODE/PHONE: 909-606-0460.

Treasurer(s). NAME OF TREASURER: Brett M. Benson. MAILING ADDRESS: 3335 Organdy Lane. CITY: Chino Hills, STATE: CA, ZIP CODE: 91709, AREA CODE/PHONE: 909-657-0095.

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 31 Jan 2007 Date
Executed on 31 Jan 2007 Date
Executed on Date
Executed on Date

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] Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>7</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JUL 2006</u>	CALIFORNIA FORM 460
through <u>31 DEC 2006</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>0.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>659.00</u>	\$ <u>959.00</u>
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>659.00</u>	\$ <u>959.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>659.00</u>	\$ <u>959.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>5306.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>6.00</u>
15. Cash Payments Column A, Line 8 above	<u>659.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4653.00</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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

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

Statement covers period		SCHEDULED	
from	1 JUL 2006	CALIFORNIA FORM 460	
through	31 DEC 2006	Page	4 of 7
		I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/06	Ed Graham Chino Hills City Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/06	Peter Rogers Chino Hills City Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/06	Bill Kruger Chino Hills City Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				450.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	450.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	450.00

**Schedule E
Payments Made**

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

Statement covers period from <u>1 JUL 2006</u> through <u>31 DEC 2006</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
St. Paul the Apostle Catholic Church 14085 Peyton Drive Chino Hills, CA 91709	CVC		110.00
Committee to Elect Ed Graham	CTB		150.00
Volunteers for Peter Rogers	CTB		150.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 410.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	560.00
2. Unitemized payments made this period of under \$100	\$	99.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	659.00

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>1 JUL 2006</u> through <u>31 DEC 2006</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Committee to Elect Bill Kruger	CTB		150.00

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

SUBTOTAL \$ 150.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1 JUL 2006
through 31 DEC 2006

**CALIFORNIA
FORM 460**

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
910778

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ 6.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 6.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

reviewed - M.M.

Type or print in ink.

Original

COVER PAGE

Date Stamp RECEIVED 2007 JUL 13 PM 2:55 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>5</u>		For Official Use Only

Statement covers period from <u>1 JAN 2007</u> through <u>30 JUN 2007</u>	Date of election if applicable: (Month, Day, Year) <u>2 NOV 2004</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

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3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-606-0460</u>

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-657-0095</u>

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 4 Jul 2007
Date

Executed on 4 Jul 2007
Date

Executed on _____
Date

Executed on _____
Date

By *B.M. Benson*
Signature of Treasurer or Assistant Treasurer

By *Gwenn Norton-Perry*
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JAN 2007</u> through <u>30 JUN 2007</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received <i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>0.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>300.00</u>	\$ <u>300.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>300.00</u>	\$ <u>300.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>300.00</u>	\$ <u>300.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4803.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>3.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>300.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4506.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 JAN 2007</u> through <u>30 JUN 2007</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Fairplex Educational Foundation	CVC	Yellow Bus sponsorship	300.00

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

SUBTOTAL \$ 300.00

Schedule E Summary

- | | |
|--|-------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>300.00</u> |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>300.00</u> |

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1 JAN 2007
through 30 JUN 2007

**CALIFORNIA
FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ 3.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 3.00**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

44

Original

COVER PAGE

Date Stamp RECEIVE 2008 JAN 31 AM 9:00 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460 Page 1 of 16 For Official Use Only
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Statement covers period from 1 JUL 2007 through 31 DEC 2007	Date of election if applicable: (Month, Day, Year) 2 NOV 2004
---	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-657-0095

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 19 Jan 2008
Date

Executed on 19 Jan 2008
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>16</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT		
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

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>16</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>51384.00</u>	\$ <u>51384.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>51384.00</u>	\$ <u>51384.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>51384.00</u>	\$ <u>51384.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>12728.00</u>	\$ <u>13028.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>12728.00</u>	\$ <u>13028.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>12728.00</u>	\$ <u>13028.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4506.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>51384.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>4.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>12728.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>43166.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

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

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
8/1/2007	Robert Gannon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
8/1/2007	Applied Planning [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
8/1/2007	Peichin Cheng [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President - CGM Development, Inc.	250.00		
8/1/2007	Western Water Works Supply Co. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
8/1/2007	Goyenette Dairy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
SUBTOTAL \$				2100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>51225.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>159.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>51384.00</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.)

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>16</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
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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)
8/4/2007	William McDonnell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resource Specialist - Metropolitan Water District	125.00		
8/4/2007	Ron Nadeau [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Park Ranger - County of Orange	125.00		
8/4/2007	GGF LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00		
8/4/2007	Lewis Investment Company, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
8/10/2007	Veritas Health Services, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00		

SUBTOTAL \$ 2125.00

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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>16</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
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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)
8/10/2007	David Kowalski [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	[REDACTED]	100.00		
8/10/2007	W.H. Coursen & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00		
8/17/2007	SBC Safety Emp Benefit Assn PAC #1272515 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
8/17/2007	NTC Management Company LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8000.00		
8/17/2007	RDS Partners, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8000.00		
SUBTOTAL \$				17225.00		

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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
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NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
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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)
8/17/2007	Vista Bella Investment Properties LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
8/17/2007	Scott Anderson 1 [REDACTED] C [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive - Zenith Specialty Bag Company	250.00		
8/17/2007	Dean Pollinger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant -	125.00		
8/17/2007	Thomas Carmichael 4 [REDACTED] C [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Director - 7-11 Corp.	125.00		
8/17/2007	Rita Rewers [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	125.00		

SUBTOTAL \$ 1125.00

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

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>		CALIFORNIA FORM 460
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NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

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)
8/17/2007	Gerald Rewers [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Use Consultant - Rewers Consulting	125.00		
8/23/2007	Lynice Hightower Insurance Agency, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/23/2007	Sheldon Group [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/23/2007	James Harwell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00		
8/23/2007	Hong-Sune Chiang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Development Manager - Merrill Gardens	125.00		
SUBTOTAL \$				1000.00		

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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
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NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
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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)
8/23/2007	Scott Kaplan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate - CB Richard Ellis	625.00		
8/23/2007	Victoria Albano [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager - State of California	125.00		
8/23/2007	United Family Council [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/23/2007	Sandra Ruiz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mortgage Broker -	150.00		
8/23/2007	Tony Archer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker - CB Richard Ellis	125.00		

SUBTOTAL \$	1275.00
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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>		CALIFORNIA FORM 460
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NAME OF FILER <u>Gwenn Norton-Perry</u>		I.D. NUMBER <u>910778</u>

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)
8/26/2007	Parentex Enterprises [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00		
8/26/2007	David Zezulka [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/27/2007	Susan Colvin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager - Novelty Items	250.00		
8/27/2007	Peter Barmack [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - Best Best & Krieger	250.00		
8/27/2007	Regency Centers, LP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00		
SUBTOTAL \$				7000.00		

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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>16</u>	I.D. NUMBER <u>910778</u>

NAME OF FILER

Gwenn Norton-Perry

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)
8/27/2007	O'Reilly Public Relations [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
8/27/2007	Hae J. Park [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed - Cal-Pacific Realty Company	2500.00		
8/27/2007	Valerie Vaughn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	125.00		
8/27/2007	Taormina Industries, LLC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00		
9/5/2007	CALTROP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00		

SUBTOTAL \$ 4250.00

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**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 <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
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NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
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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)
9/5/2007	Watson Land Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9/17/2007	Majestic Realty Co. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00		
9/17/2007	Roger Darnell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate - Majestic Realty Company	1000.00		
9/17/2007	Carole Kusler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00		
9/17/2007	Kent Valley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate - Majestic Realty Company	1000.00		

SUBTOTAL \$ 7625.00

*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.)

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>16</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
9/17/2007	John Semcken, III [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate - Majestic Realty Company	1000.00		
9/17/2007	David Wheeler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate - Majestic Realty Company	1000.00		
9/17/2007	David Perez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager - Zerep Management Corp.	1000.00		
9/29/2007	Nancy T. Scull [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney - Luce, Forward, Hamilton & Scripps	500.00		
9/29/2007	Taylor Ing, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		

SUBTOTAL \$	4500.00
--------------------	----------------

*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.)

Statement covers period from <u>1 JUL 2007</u> through <u>31 DEC 2007</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>16</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
9/29/2007	Wactor & Wick, LLP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9/29/2007	Daspin & Aument, LLP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00		
9/29/2007	Enrique A. Cruz Masonry, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10/11/2007	Chino Fireman's Assn Inc PAC Account [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10/29/2007	David Evans and Associates, Inc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		

SUBTOTAL \$ 3000.00

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2007	
through	31 DEC 2007	Page 15 of 16
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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
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
Diane Stone & Associates 10229 Whitetail Drive Oakdale, CA 95361		Consultant fees; Fundraising reception: printing, postage, catering, entertainment, flowers, staffing	12299.00
St. Paul the Apostle Catholic Church 14085 Peyton Drive Chino Hills, CA 91709	CVC		125.00
Hagman for Assembly ID #1297721 3233 Grand Ave. N265 Chino Hills, CA 91709	CTB		300.00

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

SUBTOTAL \$ 12724.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 12724.00
2. Unitemized payments made this period of under \$100	\$ 4.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 12728.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1 JUL 2007
through 31 DEC 2007

CALIFORNIA FORM 460
Page 16 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ 4.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 4.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from 1 JAN 2008 through 30 JUN 2008. Date of election if applicable: 2 NOV 2004. Date Stamp: 2008 JUL 31 PM 4:59. CALIFORNIA 2001/02 FORM 460. Page 1 of 7. For Official Use Only.

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
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
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY STATE ZIP CODE AREA CODE/PHONE
Chino Hills CA 91709 909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Chino Hills CA 91709 909-657-0095

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 31 Jul 2008
Executed on 31 Jul 2008
Executed on
Executed on

By [Signature]
By [Signature]
By
By

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JAN 2008</u>	CALIFORNIA FORM 460
through <u>30 JUN 2008</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>7750.00</u>	\$ _____
2. Loans Received <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>7750.00</u>	\$ _____
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>7750.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>2056.00</u>	\$ _____
7. Loans Made <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2056.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2056.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>43166.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>7750.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>239.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>2056.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>49099.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

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

Statement covers period from <u>1 JAN 2008</u> through <u>30 JUN 2008</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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)
1/24/2008	Peichin Cheng [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President - CMG Development, Inc.	500.00		
1/24/2008	Kenneth Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
1/24/2008	SW Reg Council of Carpenters PAC ID#870169 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
1/24/2008	Los Serranos Golf & Country Club [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
1/24/2008	Parentex Enterprises [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00		
SUBTOTAL \$				6500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7750.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7750.00

*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.)

Statement covers period from <u>1 JAN 2008</u> through <u>30 JUN 2008</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
--	------------------------------

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)
2/9/2008	PDC, LLC - General [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250.00		
		<input 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"/> 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				
SUBTOTAL \$				1250.00		

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1 JAN 2008	
through	30 JUN 2008	Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Diane Stone & Associates 10229 Whitetail Drive Oakdale, CA 95361	CNS	Consultant fees; Fundraising, printing, postage	1606.00
Friends of the James S. Thalman Chino Hills Branch Library	CVC	'A Picture Perfect Evening'	150.00
Fairplex Educational Foundation	CVC	Yellow Bus sponsorship	300.00

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

SUBTOTAL \$ 2056.00

Schedule E Summary

- | | | |
|--|-----------------|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 2056.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 2056.00 |

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JAN 2008</u> through <u>30 JUN 2008</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/24/2008	City of Chino Hills	Deposit refunds: Political signs & Candidate Statement	239.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 239.00

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 239.00
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 239.00**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period
from 1 JUL 2008
through 31 DEC 2008

Date of election if applicable:
(Month, Day, Year)
4 NOV 2008

Date Stamp
Feb 2 2009
AM 9:41
OFFICE OF CITY CLERK
CHINO HILLS

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-606-0460</u>

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-393-6166</u>

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 31 Jan 2009
Date

Executed on 31 Jan 2009
Date

Executed on _____
Date

Executed on _____
Date

By BMBenson
Signature of Treasurer or Assistant Treasurer

By _____
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

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>8</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JUL 2008</u> through <u>31 DEC 2008</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>2000.00</u>	\$ _____
2. Loans Received <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>2000.00</u>	\$ _____
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>2000.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>4135.00</u>	\$ _____
7. Loans Made <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>4135.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>4135.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>49099.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>2000.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>1390.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>4135.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>48354.00</u>

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

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.

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

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1 JUL 2008</u> through <u>31 DEC 2008</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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)
8/26/08	SBC Safety Emp Benefit Assn PAC #1272515 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9/3/08	Committee to Re-Elect Bob Margett [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9/11/08	BCA Development, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/11/08	Applied Planning, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
9/11/08	Thomas Mitchell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed	200.00		
SUBTOTAL \$				1500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2000.00

*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.)

Statement covers period from <u>1 JUL 2008</u> through <u>31 DEC 2008</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>8</u>

NAME OF FILER Gwenn Norton-Perry	I.D. NUMBER 910778
-------------------------------------	-----------------------

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)
9/11/08	Nancy Oak [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adiministrative Assistant EIP Associates	100.00		
9/11/08	Rodney Harmsworth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed	200.00		
12/08/08	Mountain Pacific, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
		<input 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				
SUBTOTAL \$				500.00		

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 JUL 2008</u>	CALIFORNIA FORM 460
through <u>31 DEC 2008</u>	
Page <u>6</u> of <u>8</u>	
I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
City of Chino Hills 2001 Grand Avenue Chino Hills, CA 91709	FIL		1390.00
St. Paul the Apostle Church 14085 Peyton Drive Chino Hills, CA 91709	CVC		145.00
The Let It Be Foundation P.O. Box 730 Chino Hills, CA 91709	CVC		1100.00

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

SUBTOTAL \$ 2635.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	4135.00
2. Unitemized payments made this period of under \$100	\$	_____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	_____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	4135.00

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2008	
through	31 DEC 2008	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CVP | 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 |
| 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 | FRT | 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
S.O.A.R. 5554 Cecilia Street Chino Hills, CA 91709	CVC			1500.00

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

SUBTOTAL \$ 1500.00

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1 JUL 2008
through 31 DEC 2008

SCHEDULE I
CALIFORNIA FORM 460

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
910778

Gwenn Norton-Perry

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/12/2008	City of Chino Hills 2001 Grand Avenue Chino Hills, CA 91709	Filing fee refund	1390.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1390.00

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 1390.00
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 1390.00**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

47 RECEIVED 2009 JUL 29 AM 7:44 OFFICE OF CITY CLERK CHINO HILLS

CALIFORNIA 2001/02 FORM 460

Page 1 of 4

For Official Use Only

Statement covers period from 1 JAN 2009 through 30 JUN 2009

Date of election if applicable: (Month, Day, Year) 4 NOV 2008

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 Ballot Measure Committee
 - Controlled
 - Sponsored

(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- 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
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-393-6166

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 31 JUL 2009
Date

Executed on 31 JUL 2009
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

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

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JAN 2009</u>	CALIFORNIA FORM 460
through <u>30 JUN 2009</u>	
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>	\$ _____
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>2673.00</u>	\$ _____
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2673.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2673.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>48354.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>2673.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>45681.00</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1 JAN 2009</u> through <u>30 JUN 2009</u>	CALIFORNIA FORM	460
	Page <u>4</u> of <u>4</u>	
	I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
Brett Benson - Treasurer	OFC	Reimbursement	173.00
The Chino Hills Foundation	CVC		2500.00

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

SUBTOTAL \$ 2673.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>2673.00</u>
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>2673.00</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Original

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Date Stamp
2010 JAN 28 PM 2:40

CALIFORNIA 460
2001/02
FORM

Page 1 of 5

OFFICE OF CITY CLERK
CHINO HILLS

For Official Use Only

Statement covers period
from 1 JUL 2009
through 31 DEC 2009

Date of election if applicable:
(Month, Day, Year)
4 NOV 2008

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3233 Grand Avenue, Suite N-133

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-393-6166

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 31 JAN 2009
Date

Executed on 31 JAN 2009
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JUL 2009</u>	CALIFORNIA FORM 460
through <u>31 DEC 2009</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1830.00</u>	\$ <u>4503.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1830.00</u>	\$ <u>4503.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1830.00</u>	\$ <u>4503.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>45681.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1830.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>43851.00</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).

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

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

Cash Equivalents and Outstanding Debts

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

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM	460
from	1 JUL 2009		
through	31 DEC 2009	Page	4 of 5
NAME OF FILER		I.D. NUMBER	
Gwenn Norton-Perry		910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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
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
Fairplex Educational Foundation	CVC		173.00
Volunteers to Elect Peter Rogers	CTB		280.00
Habitat for Humanity	CVC		1000.00

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

SUBTOTAL \$ 1580.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1830.00
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1830.00

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2009	
through	31 DEC 2009	Page <u>5</u> of <u>5</u>
I.D. NUMBER		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP	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
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
Chino Hills High Debate Club	CVC			250.00

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

SUBTOTAL \$ 250.00

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

49

Original

COVER PAGE

Date Stamp RECEIVED 2010 AUG -2 PM	CALIFORNIA 2001/02 FORM 460
OFFICE OF CITY CLERK CHINO HILLS	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>1 JAN 2010</u> through <u>30 JUN 2010</u>	Date of election if applicable: (Month, Day, Year) <u>4 NOV 2008</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)
3028 Summitview Lane

CITY Chino Hills	STATE CA	ZIP CODE 91709	AREA CODE/PHONE 909-606-0460
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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
Brett M. Benson

MAILING ADDRESS
3335 Organdy Lane

CITY Chino Hills	STATE CA	ZIP CODE 91709	AREA CODE/PHONE 909-393-6166
----------------------------	--------------------	--------------------------	--

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 31 JUL 2010
Date

Executed on 31 JUL 2010
Date

Executed on _____
Date

Executed on _____
Date

By BMBenson
Signature of Treasurer or Assistant Treasurer

By Joe E M
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JAN 2010</u> through <u>30 JUN 2010</u>	CALIFORNIA FORM	460
	Page <u>3</u> of <u>4</u>	
	I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>0</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>1879.00</u>	\$ <u>1879.00</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1879.00</u>	\$ <u>1879.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1879.00</u>	\$ <u>1879.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>43851.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>1879.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>41972.00</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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 E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>1 JAN 2010</u> through <u>30 JUN 2010</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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)

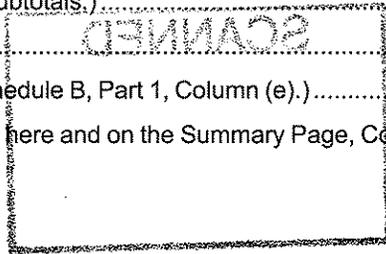
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brett M. Benson [REDACTED]	WEB	Reimbursement for domain and web site hosting renewals	129.00
Veritas Health Services, Inc [REDACTED]	RFD	From August 2007 -- Returned on 2/28/2010	1250.00
Habitat for Humanity [REDACTED]	CVC		500.00

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

SUBTOTAL \$ 1879.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1879.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1879.00



**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

59 Original

COVER PAGE

Date Stamp RECEIVED 2011 FEB -1 PM 3:29 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460
Page 1 of 4	
For Official Use Only	

Statement covers period from 1 JUL 2010 through 31 DEC 2010	Date of election if applicable: (Month, Day, Year) 4 NOV 2008
---	---

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-393-6166

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 31 JAN 2011
Date

Executed on 31 JAN 2011
Date

Executed on _____
Date

Executed on _____
Date

By BMBenson
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

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gwenn Norton-Perry

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

Chino Hills City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JUL 2010</u>	CALIFORNIA FORM 460
through <u>31 DEC 2010</u>	
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>0</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>592.00</u>	\$ <u>2471.00</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>592.00</u>	\$ <u>2471.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>592.00</u>	\$ <u>2471.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>41972.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>592.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>41380.00</u>

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

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.

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460	
from	1 JUL 2010	Page	4 of 4
through	31 DEC 2010	I.D. NUMBER	910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
Foundations at Fairplex	CVC	Yellow Bus sponsorship	300.00
K2 Print Studio [REDACTED]	MTG	Banners & stickers - Chino Hills Boat Parade	236.00
Brett Benson [REDACTED]	MTG	Reimbursement for candy - Chino Hills Boat Parade	56.00

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

SUBTOTAL \$ 592.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 592.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 592.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

(51)

Date Stamp
RECEIVED
2011 AUG -1 AM 9:01
OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA
2001/02
FORM 460

Page 1 of 5
For Official Use Only

Statement covers period
from 1 JAN 2011
through 30 JUN 2011

Date of election if applicable:
(Month, Day, Year) 4 NOV 2008

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-606-0460</u>

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-393-6166</u>

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 30 JUN 2011
Date

Executed on 30 JUN 2011
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
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

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM		460
Page	2	of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JAN 2011</u> through <u>30 JUN 2011</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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>0</u>
2. Loans Received Schedule B, Line 3	<u> </u>	<u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u> </u>	<u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <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> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>300.00</u>	\$ <u>300.00</u>
7. Loans Made Schedule H, Line 3	<u> </u>	<u> </u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>300.00</u>	\$ <u>300.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u> </u>	<u> </u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u> </u>	<u> </u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>300.00</u>	\$ <u>300.00</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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>41380.00</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1250.00</u>
15. Cash Payments Column A, Line 8 above	<u>300.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>42330.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1 JAN 2011	
through	30 JUN 2011	Page 4 of 5
		I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
Brett Benson, treasurer 3335 Organdy Lane Chino Hills, CA 91709	CVC	Reimbursement for gift cards purchased from from six Chino Hills businesses	300.00

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

SUBTOTAL \$ 300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	300.00
2. Unitemized payments made this period of under \$100	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	300.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JAN 2011</u> through <u>30 JUN 2011</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER
910778

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
30 JUN 2011	Veritas Health Services [REDACTED]	Ledger credit for \$1250.00 for 2007 contribution returned to Veritas on 2/28/10, but it has never cashed.	1250.00

RECEIVED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1250.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 1250.00
2. Unitemized increases to cash of under \$100 this period.	\$ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 1250.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2012 FEB -6 AM 9:52 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>1 JUL 2011</u> through <u>31 DEC 2011</u>	Date of election if applicable: (Month, Day, Year) <u>4 NOV 2008</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-393-6166

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 31 JAN 2012
Date

Executed on 31 JAN 2012
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By Gwenn Norton-Perry
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JUL 2011</u> through <u>31 DEC 2011</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ <u>300.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u> </u>	<u> </u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ <u>300.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u> </u>	<u> </u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u> </u>	<u> </u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ <u>300.00</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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>42330.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>0</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>42330.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2011	
through	31 DEC 2011	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Page 4 of 5

I.D. NUMBER

910778

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

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

SUBTOTAL \$

Schedule E Summary

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

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

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

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2011	
through	31 DEC 2011	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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

SCANNED

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

SUBTOTAL \$ 0

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

53

Original

COVER PAGE

Date Stamp RECEIVED 2012 JUL -6 PM 1:20 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>4</u>	
For Official Use Only	

Statement covers period from <u>1 JAN 2012</u> through <u>30 JUN 2012</u>	Date of election if applicable: (Month, Day, Year) <u>4 NOV 2008</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

Chino Hills	CA	91709	909-606-0460
-------------	----	-------	--------------

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

Chino Hills	CA	91709	909-393-6166
-------------	----	-------	--------------

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 1 JUL 2012
Date

Executed on 1 JUL 2012
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

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

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JAN 2012</u> through <u>30 JUN 2012</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>3280.00</u>	\$ <u>3280.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3280.00</u>	\$ <u>3280.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3280.00</u>	\$ <u>3280.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>42330.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>3280.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>39050.00</u>

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

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.

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

Statement covers period from <u>1 JAN 2012</u>	CALIFORNIA FORM 460
through <u>30 JUN 2012</u>	
Page <u>4</u> of <u>4</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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	FET 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
WTS Inland Empire Chapter PO Box 904 Riverside, CA 92507		Scholarship & Awards Benefit Dinner Sponsor	3000.00
Jaime Benson 27412 Portola Pkwy Ste 205 Foothill Ranch, CA 92610		Graphic Design - Logo & WTS ad	250.00
City of Chino Hills		Late filing fee	30.00

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

SUBTOTAL \$ 3280.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3280.00
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3280.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

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RECEIVED
Date Stamp
2013 JAN 22 PM 4:34
OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA
2001/02
FORM
460

Page 1 of 5
For Official Use Only

Statement covers period
from 1 JUL 2012
through 31 DEC 2012

Date of election if applicable:
(Month, Day, Year)
4 NOV 2008

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino Hills	CA	91709	909-393-6166

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 16 JAN 2013
Date

Executed on 16 JAN 2013
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By Gwenn Norton-Perry
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JUL 2012</u> through <u>31 DEC 2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1610.00</u>	\$ <u>1910.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1610.00</u>	\$ <u>1910.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1610.00</u>	\$ <u>1910.00</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> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>39050.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1610.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>37440.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

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 E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2012	
through	31 DEC 2012	Page 4 of 5
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
St. Paul the Apostle Church 14085 Peyton Drive Chino Hills, CA 91709	CVC		110.00
Ray Marquez for City Council ID#1345313 P.O. Box 1377 Chino Hills, CA 91709	CTB		1500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1610.00**

Schedule E Summary

- | | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1610.00 |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 1610.00 |

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

Statement covers period
from 1 JAN 2013
through 30 JUN 2013

Date of election if applicable:
(Month, Day, Year)
4 NOV 2008

Date Stamp
RECEIVED
2013 JUL 26 PM 4:04
CITY CLERK
CHINO HILLS

CALIFORNIA
2001/02
FORM
460
Page 1 of 5
For Official Use Only

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-606-0460

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Chino Hills CA 91709 909-393-6166

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 31 JUL 2013
Date

Executed on 31 JUL 2013
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By Gwenn Norton-Perry
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Gwenn Norton-Perry				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Chino Hills City Council				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
3028 Summitview Lane	Chino Hills	CA	91709	

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"/> 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

Statement covers period from <u>1 JAN 2013</u>	CALIFORNIA FORM 460
through <u>30 JUN 2013</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>910778</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>4050.00</u>	\$ <u>4050.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>4050.00</u>	\$ <u>4050.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>4050.00</u>	\$ <u>4050.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>37440.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>4050.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>33390.00</u>

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

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

Cash Equivalents and Outstanding Debts

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

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 E
Payments Made**

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

Statement covers period
from 1 JAN 2013
through 30 JUN 2013

SCHEDULE E
CALIFORNIA FORM 460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

I.D. NUMBER

910778

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

CMP 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
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
CA Secretary of State	FIL		50.00
Caring for the Hills [REDACTED]	CVC		4000.00

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

SUBTOTAL \$ 4050.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	4050.00
2. Unitemized payments made this period of under \$100	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	4050.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	1 JAN 2013	
through	30 JUN 2013	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | | | | |
|-----|---|-----|---|-----|--|
| CMP | 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 |
| 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/spon |
| 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

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

SUBTOTAL \$ 0

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Original

Date Stamp
RECEIVED

56
2013 AUG 20 PM 2:45

OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>5</u>	
For Official Use Only	

<p style="text-align: center;">Statement covers period</p> <p>from <u>1 JUL 2013</u></p> <p>through <u>20 AUG 2013</u></p>	<p style="text-align: center;">Date of election if applicable:</p> <p>(Month, Day, Year)</p> <p style="text-align: center;"><u>4 NOV 2008</u></p>
--	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input checked="" type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
910778

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

Committee to Elect Gwenn Norton-Perry

STREET ADDRESS (NO P.O. BOX)

3028 Summitview Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-606-0460</u>

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

Brett M. Benson

MAILING ADDRESS

3335 Organdy Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>	<u>909-393-6166</u>

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 20 AUG 2013
Date

Executed on 20 AUG 2013
Date

Executed on _____
Date

Executed on _____
Date

By Brett M. Benson
Signature of Treasurer or Assistant Treasurer

By Gwenn Norton-Perry
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

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

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

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA FORM		460
Page	2	of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gwenn Norton-Perry

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3028 Summitview Lane Chino Hills CA 91709

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"/> 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

Statement covers period from <u>1 JUL 2013</u>	CALIFORNIA FORM	460
through <u>20 AUG 2013</u>		
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>910778</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

Contributions Received

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

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>29340.00</u>	\$ <u>37440.00</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>29340.00</u>	\$ <u>37440.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>29340.00</u>	\$ <u>37440.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>33390.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>33390.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0.00</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).

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

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

Cash Equivalents and Outstanding Debts

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

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from 1 JUL 2013 through 20 AUG 2013	CALIFORNIA FORM	460
	Page 4 of 5	
	I.D. NUMBER 910778	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gwenn Norton-Perry

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

CMP 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
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
Dog Park for Chino Hills Incorporated [501(c)(3) Nonprofit] [REDACTED]	CVC		12000.00
Chino Hills 55+ Club [501(c)(3) Nonprofit] [REDACTED]	CVC		5000.00
St. Margaret Mary School [501(c)(3) Nonprofit] [REDACTED]	CVC		12500.00

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

SUBTOTAL \$ 29500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 33390.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 33390.00

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	1 JUL 2013	
through	20 AUG 2013	Page 5 of 5
NAME OF FILER		I.D. NUMBER
Gwenn Norton-Perry		910778

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP 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 |
| 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
St. Paul the Apostle Catholic Church [501(c)(3) Nonprofit] [REDACTED]	CVC		3000.00
The Orphanage Pet Rescue [501(c)(3) Nonprofit] [REDACTED]	CVC		890.00

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

SUBTOTAL \$ 3890.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1 JUL 2013</u> through <u>20 AUG 2013</u>	CALIFORNIA FORM	460
	Page <u>5</u> of <u>5</u>	
NAME OF FILER Gwenn Norton-Perry		I.D. NUMBER 910778

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____ **0**