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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [] State Candidate Election Committee
   - [] Recall
   - [] Primarily Formed Ballot Measure Committee
   - [] Primarily Formed Candidate/Officeholder Committee
   - [] General Purpose Committee
   - [] Sponsored
   - [] Small Contributor Committee
   - [] Political Party/Central Committee
   - [] Controlled
   - [] Sponsored
   - [] (Also Complete Part 5)
   - [] (Also Complete Part 6)

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: 900271
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Friends of Sal Guerriello
   - STREET ADDRESS (NO. P.O. BOX): 8220 W. Norton Ave #12
   - CITY: WEST HOLLYWOOD
   - STATE: CA
   - ZIP CODE: 90046
   - AREA CODE: 323
   - Mailing Address:
     - STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
     - CITY:
     - STATE:
     - ZIP CODE:
     - AREA CODE/PHONE:
     - 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: 01-31-07
   - Date:
   - Executed on: 01-31-07
   - Date:
   - Executed on: 01-31-07
   - Date:
   - Executed on: 01-31-07
   - 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
**5. Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Office Sought or Held (Include Location and District Number if Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sal Guarrinecco</td>
<td>City Council - West Hollywood</td>
</tr>
</tbody>
</table>

**820 W. Santa Ana #12 West Hollywood CA 90046**

**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>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

**6. Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
</table>

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER, CANDIDATE, OR PROponent</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

**SUPPORT | OPPOSE**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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</table>

**SUPPORT | OPPOSE**

<table>
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**SUPPORT | OPPOSE**

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**SUPPORT | OPPOSE**

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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

**SUPPORT | OPPOSE**

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$166.00</td>
<td>$80,026.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$166.00</td>
<td>$80,026.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$166.00</td>
<td>$80,026.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1,000.00</td>
<td>$83,876.43</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1,000.00</td>
<td>$83,876.43</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$1,000.00</td>
<td>$83,876.43</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$1,000.00</td>
<td>$83,876.43</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$8,897.48</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$8,057.48</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

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

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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Sal Guastiello

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-4-07</td>
<td>Scott Svonkin, San Gabriel School Board, ID # 12739714</td>
<td>☑ Monetary Contribution</td>
<td>Campaign Contribution</td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL: $500.00

Schedule D Summary
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .................................................. $500.00
2. Unitemized contributions and independent expenditures made this period of under $100 ................................................................. $0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .............. TOTAL $500.00

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

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

Statement covers period from 07-01-07 through 12-31-07
Page 5 of 6

NAME OF FILER

Fried of Sal Camillo

I.D. NUMBER 90027A

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
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
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Fairfax High School Band
7850 Melrose Ave
L.A. CA 90046

CVC Support School
$500.00

Sven Kim for School Board
1005 Las Tunas Dr. #214
San Gabriel CA 91776

CTB Campaign Contribution for
San Gabriel School Board
$500.00

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

SUBTOTAL $1,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $1,000.00

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 $1,000.00
**Schedule A**
Monetary Contributions Received

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

Statement covers period from **07-01-07** through **12-31-07**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Friends of Joe Carrillo</td>
<td>900271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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SUBTOTAL $ 160.00

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................. $ 160.00
2. Amount received this period – unitemized monetary contributions of less than $100 ......................................................... $ 160.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ....................... TOTAL $ 160.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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