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

Type or print in ink.

Statement covers period
from 1-1-06
through 6-30-06

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

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)
   ○ Quarterly Statement
   ○ Semi-annual Statement
   ○ Termination Statement
     (Also file a Form 410 Termination)
   ○ Amendment (Explain below)

2. Type of Statement:
   ○ Preelection 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 Guarriello

   STREET ADDRESS (NO P.O. BOX)
   8220 W. NORTM AVE #12
   West Hollywood, CA 90046

   CITY
   WEST HOLLYWOOD

   Mailing Address
   8220 W. NORTM AVE #12
   West Hollywood, CA 90046

   CITY
   WEST HOLLYWOOD

   NAME OF TREASURER
   SAL GUARRIELLO

   MAILING ADDRESS
   8220 W. NORTM AVE #12
   WEST HOLLYWOOD CA 90046

   CITY
   WEST HOLLYWOOD

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY

   NAME OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent or RESPONSIBLE OFFICER OF SPONSOR
   SAL GUARRIELLO

   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent or RESPONSIBLE OFFICER OF SPONSOR

   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

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 7-31-06

   By ____________________
   Signature of Treasurer or Assistant Treasurer

   Executed on

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

   Executed on

   By ____________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on

   By ____________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPPC Form 460 (January/06)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
**Contributions Received**

1. Monetary Contributions ........................................ Schedule A, Line 3 $4497.00 $ 
2. Loans Received ................................................. Schedule B, Line 3 $ 
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2 $4497.00 $ 
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $ 
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 $4497.00 $ 

**Expenditures Made**

6. Payments Made ................................................. Schedule E, Line 4 $170.60 $ 
7. Loans Made ..................................................... Schedule H, Line 3 $ 
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $170.60 $ 
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 $170.60 $ 

**Current Cash Statement**

12. Beginning Cash Balance ...................................... Previous Summary Page, Line 16 $11,907.91 $ 
13. Cash Receipts .................................................. Column A, Line 3 above $4497.00 $ 
14. Miscellaneous Increases to Cash .............................. Schedule I, Line 4 $ 
15. Cash Payments .................................................. Column A, Line 8 above $170.60 $ 
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $16,234.31 $ 

**Cash Equivalents and Outstanding Debts**

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

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

- Contributions Received: $4497.00
- Expenditures Made: $170.60

**Expenditure Limit Summary for State Candidates**

- Date of Election: [Insert Date] $ [Insert Amount]
- Total to Date: [Insert Date] $ [Insert Amount]

*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)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</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>
</tr>
</thead>
<tbody>
<tr>
<td>3-01-06</td>
<td>MANI Brothers, LLC 801 S. Figueroa St #1000 L.A., CA 90017</td>
<td></td>
<td></td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-14-06</td>
<td>Seymour Consulting Group 5365 Trelleil Ave Woodland Hills, CA 91354</td>
<td></td>
<td></td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-15-06</td>
<td>Combined sunset LLC 1255 22nd St - NW 6th Fl. Washington, D.C. 20017</td>
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<td></td>
<td>500.00</td>
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<td></td>
</tr>
<tr>
<td>3-29-06</td>
<td>The Paladin Group, Inc 1001 N. Pointsettia Pl. L.A., CA 90046</td>
<td></td>
<td></td>
<td>999.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-25-06</td>
<td>Venice Investments 1526 S. Broadway L.A., CA 90016-3031</td>
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<td></td>
<td>999.00</td>
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<td></td>
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**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
   (Include all Schedule A subtotals.) $4,497.00
2. Amount received this period - unitemized monetary contributions of less than $100 $0
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $4,497.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
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.

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3.06</td>
<td>BA Studios, LLC 1041 N. Formosa Ave West Hollywood CA 90046</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
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<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>999.00</td>
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</table>

<table>
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<tr>
<th>SUBTOTAL $</th>
<th></th>
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<tbody>
<tr>
<td>999.00</td>
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</tbody>
</table>

*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

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 1/1/06 through 6/30/06

NAME OF FILER

Friends of Sal Guarriello

I.D. NUMBER

900-271

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)*
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)
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

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

Frontiers Newsmagazine
5657 Wilshire Blvd #505
L.A., CA 90036

CMP Campaign Ad. 170.60

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

SUBTOTAL $ 170.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 170.60
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 $ 170.60

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