Statement covers period from 1 JULY '07 through 31 DEC '07

Type or print in ink.

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

N/A

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
  (Also Complete Part 6)

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  (Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☐ Preliminary Statement

☐ Semi-annual Statement

☐ Terminal Statement
  (Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1272884

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CREME FOR COUNCIL
1211 N. FLORES ST # 9

STREET ADDRESS (NO P.O. BOX)
W. HOLLYWOOD, CA. 90068

CITY STATE ZIP CODE AREA CODE/PHONE
323-636-9782

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

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
GEORGE X. CREME III
MAILING ADDRESS
1211 N. FLORES ST # 9
W. HOLLYWOOD, CA. 90068 323-636-9782

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 JULY '08

By

Signature of Treasurer or Assistant Treasurer

Executed on Date

By

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>George V. Creel III</td>
<td>W. Hollywood, CA 90069</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1211 N. Fowles ST. # 9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Fowles ST. # 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

Attach continuation sheets if necessary.
## Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0 0
2. Loans Received .................................................. Schedule B, Line 3 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2 $ 0
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3 + 4 $ 0

## Expenditures Made

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

## Current Cash Statement

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

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................... See instructions on reverse $ 0
19. Outstanding Debts ............................................ Add Line 2 + Line 9 in Column B above $ 0

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

- **Contributions Received**
  - 1/1 through 6/30
  - 7/1 to Date

- **Expenditures Made**

## 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**

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

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1272884

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