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.
   - [ ] Officerholder, 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 Candidate/Officerholder 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)

3. Committee Information
   - I.D. NUMBER: 12728860
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     - CREEDLE FOR COUNCIL
     - 1211 N. HOLLYWOOD BLVD
   - STREET ADDRESS (NO P.O. BOX):
     - N. HOLLYWOOD CA. 90069
   - Mailing Address:
     - 1211 N. HOLLYWOOD BLVD
     - HOLLYWOOD CA. 90069

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 07
   By [Signature of Treasurer or Assistant Treasurer]

   Executed on [Date]
   By [Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

   Executed on [Date]
   By [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   Executed on [Date]
   By [Signature of Controlling Officerholder, 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

NAME OF OFFICEHOLDER OR CANDIDATE

GEORGE V. CRANE III

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

CITY COUNCIL

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

1211 N. FLORES ST #4

W. HOLLYWOOD, CA 90028

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

UPPORT OPOSE

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

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPOSE

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>A</td>
<td>3</td>
<td></td>
<td>$ ____________</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>B</td>
<td>3</td>
<td></td>
<td>$ ____________</td>
<td>7/1 to Date</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td></td>
<td></td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>C</td>
<td>3</td>
<td></td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td></td>
<td></td>
<td>$ ____________</td>
<td></td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A</th>
<th>Column B</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>E</td>
<td>4</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td>22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>H</td>
<td>3</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td>Date of Election (mm/dd/yyyy) Total to Date</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td></td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>F</td>
<td>3</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>C</td>
<td>3</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td></td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Previous Summary Page, Line 16</th>
<th>Column A</th>
<th>Column B</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td></td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>A, Line 3 above</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>I, Line 4</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>A, Line 8 above</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>See instructions on reverse</th>
<th>Column A</th>
<th>Column B</th>
<th>FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td></td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td></td>
<td>$ ____________</td>
<td>$ ____________</td>
<td></td>
</tr>
</tbody>
</table>