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 (Also Complete Part 6)
   - [ ] General Purpose Committee
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Prelection Statement - Attach Form 495

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   - Committee to Elect Patricia Holl Warren
   - STREET ADDRESS (NO P.O. BOX)
     7985 Santa Monica Blvd., 109-108
   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE/PHONE
   - West Hollywood, CA 90046 323-966-2465
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - c/o Mt. Associates, LLC 8581 Santa Monica Blvd., #504
   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE/PHONE
   - West Hollywood, CA 90069
   - OPTIONAL: FAX / E-MAIL ADDRESS
     323-395-0519

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.
   - [ ] 1/24/07
   - [ ] 1/15/2007
   - [ ] Date
   - [ ] Date
   - [ ] Date

Treasurer:
   - NAME OF TREASURER
     Steven Mele
   - MAILING ADDRESS
     8581 Santa Monica Blvd., #504
     West Hollywood, CA 90069
     310-385-7300
   - NAME OF ASSISTANT TREASURER, IF ANY
     - MAILING ADDRESS
     - CITY
     - STATE
     - ZIP CODE
     - AREA CODE/PHONE
     - OPTIONAL: FAX / E-MAIL ADDRESS
     - 323-395-0519

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
Patricia Nell Warren

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
West Hollywood

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
7985 Santa Monica Blvd., 109-408 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.

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 [ ] 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 [ ] 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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

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

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

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
</table>

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

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**SUMMARY PAGE**

Statement covers period from 01/01/2006 through 12/31/2006

Committee to Elect Patricia Nell Warren

I.D. NUMBER 1293283

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_ffpc form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)___
## Schedule A
Monetary Contributions Received

**See Instructions on Reverse**

**Committee to Elect Patricia Nell Warren**

<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>
</tr>
</thead>
</table>
| 12/29/2006    | Steven C. Schemm  
2707 East Campbell #1  
Phoenix, AZ 95016 | X IND  
COM  
OTH  
PTY  
SCC | Publisher  
Account Publishing Inc. | 500.00 | 500.00 | 0 7 500.00 |
| 12/22/2006    | Bryan H. Wildenthal  
2121 San Diego Ave.  
San Diego, CA 92110 | X IND  
COM  
OTH  
PTY  
SCC | Professor  
Thomas Jefferson School Of Law | 100.00 | 100.00 | 0 7 100.00 |
| 12/20/2006    | Cyd Zeigler  
520 West 23rd Street Apt 6H  
New York, NY 10011 | X IND  
COM  
OTH  
PTY  
SCC | Business Owner  
Outsports.com | 150.00 | 150.00 | 0 7 150.00 |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................................. $ 750.00
2. Amount received this period – unitemized monetary contributions of less than $100 ............................................. $ 0.00
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................... TOTAL $ 750.00

<table>
<thead>
<tr>
<th>*Contributor Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND – Individual</td>
</tr>
<tr>
<td>COM – Recipient Committee</td>
</tr>
<tr>
<td>OTH – Other (e.g., business entity)</td>
</tr>
<tr>
<td>PTY – Political Party</td>
</tr>
<tr>
<td>SCC – Small Contributor Committee</td>
</tr>
</tbody>
</table>

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from ______________
through ______________

| 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) |

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF Creditor (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMG Professional Management Group, Inc.</td>
<td>CNS</td>
<td>0.00</td>
<td>1,000.00</td>
<td>0.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td>PO Box 461317</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Hollywood CA 90046-9317</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMG Professional Management Group, Inc.</td>
<td>OFC</td>
<td>0.00</td>
<td>170.70</td>
<td>0.00</td>
<td>170.70</td>
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<tr>
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<tr>
<td>West Hollywood CA 90046-9317</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>ML Associates LLC</td>
<td>PRO</td>
<td>0.00</td>
<td>1,000.50</td>
<td>0.00</td>
<td>1,000.50</td>
</tr>
<tr>
<td>8581 Santa Monica Blvd #504</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Hollywood CA 90069</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTALS $ 0.00 $ 2,171.20 $ 0.00 $ 2,171.20

Schedule F Summary
1. 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 $ 2,171.20

2. 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 $ 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET $ 2,171.20

May be a negative number

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