

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: CITY OF SANTA CLARITA 009 FEB -3 P 6:35 RECEIVED CITY CLERKS OFFICE CALIFORNIA FORM 460 Page 1 of 6 For Official Use Only

Statement covers period from 7/31/08 through 12/31/08

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

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 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)

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

3. Committee Information I.D. NUMBER 1239785 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Marsha McLean for City Council STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY Santa Clarita STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED] MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) NAME OF TREASURER Nancy Albrecht MAILING ADDRESS [REDACTED] CITY Canyon Country STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED] 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 February 2, 2009 Date By Nancy Albrecht Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on February 2, 2009 Date By Marsha McLean Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/31/08</u>	CALIFORNIA FORM 460
through <u>12/31/08</u>	
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER 1239785

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marsha McLean for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>1050.00</u>	\$ <u>1050.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>1300.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>1050.00</u>	\$ <u>1050.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1050.00</u>	\$ <u>1050.00</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>none</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>none</u>	<u>none</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>none</u>	<u>none</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>0.00</u>	\$ <u>0.00</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2719.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>1050.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>1.55</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>0.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3771.16</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>none</u>
--	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>none</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>1300.00</u>

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).

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