

501-5-4

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Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 84216 5)

Type or print in ink

Date Stamp
 City of San Clemente
 JAN 21 2015
 City Clerk Department

CALIFORNIA 460
 2001/02 FORM
 Page 1 of 8
 For Official Use Only

Statement covers period
 from 10/19/2014
 through 12/31/2014

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

Officeholder Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

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

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

2 Type of Statement

Preelection Statement
 Semi annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd Year Report
 Supplemental Preelection Statement Attach Form 495

3 Committee Information ID NUMBER 882300

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 BUSINESSES FOR A BETTER SAN CLEMENTE

STREET ADDRESS (NO P.O. BOX)
 1231 PUERTA DEL SOL STE 200

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN CLEMENTE CA 92673 [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
 CHARLES E NAREY

MAILING ADDRESS
 [REDACTED]

CITY STATE ZIP CODE 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 1/19/15 Date
 By [REDACTED] Treasurer or Assistant Treasurer
 By [REDACTED] Signature of Controlling Officeholder Candidate State Measure Proponent or Responsible Officer of Sponsor
 By [REDACTED] Signature of Controlling Officeholder Candidate State Measure Proponent
 By [REDACTED] 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>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>8</u>	ID NUMBER 882300

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A Line 3	\$ <u>2,062</u>	\$ <u>9,802</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>2,062</u>	\$ <u>9,802</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>2,062</u>	\$ <u>9,802</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	Column B
6 Payments Made	Schedule E Line 4	\$ <u>6,445</u>	\$ <u>12,909</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>6,445</u>	\$ <u>12,909</u>
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	\$ <u>6,445</u>	\$ <u>12,909</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	Previous Summary Page Line 16	\$ <u>11,726</u>
13 Cash Receipts	Column A Line 3 above	<u>2,062</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>6,445</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>7,343</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).

If this is a termination statement Line 16 must be zero

17 LOAN GUARANTEES RECEIVED	Schedule B Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1 Amount received this period – contributions of \$100 or more (Include all Schedule A subtotals)	\$ <u> -0-</u>
2 Amount received this period – unitemized contributions of less than \$100	\$ <u> 2 062</u>
3 Total monetary contributions received this period (Add Lines 1 and 2 Enter here and on the Summary Page Column A Line 1)	TOTAL \$ <u> 2 062</u>

Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 10/19/2014
through 12/31/2014

SCHEDULED

CALIFORNIA FORM 460

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ID NUMBER
882300

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

DATE	NAME OF CANDIDATE OFFICE AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/14	LORI DONCHAK FOR COUNCIL 2014 ID#1366108	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3,000	3 545	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/14	LORI DONCHAK FOR COUNCIL 2014 id#1366108	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	BIEBER COMMUNICATIONS	116	3,661	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/14	ELECT JIM DAHL CTY COUNCIL 2014 ID#369236	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	BIEBER COMMUNICATIONS	117	3,662	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,233		

Schedule D Summary

1 Contributions and independent expenditures made this period of \$100 or more (Include all Schedule D subtotals)	\$ <u>6,395</u>
2 Unitemized contributions and independent expenditures made this period of under \$100	\$ <u>50</u>
3 Total contributions and independent expenditures made this period (Add Lines 1 and 2 Do not enter on the Summary Page)	TOTAL \$ <u>6,445</u>

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED (CONT)

Statement covers period from 10/19/2014 through 12/31/2014	CALIFORNIA FORM 460 Page 5 of 8
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NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE	ID NUMBER 882300
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DATE	NAME OF CANDIDATE OFFICE AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/14	TIM BROWN FOR CITY COUNCIL 2014 ID#1331342 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	BIEBER COMMUNICATIONS	117	662	
11/20/14	ELECT JIM DAHL CITY COUNCIL 2014 ID#36936 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER	675	4,336	
11/20/14	LORI DONCHAK FOR COUNCIL 2014 ID#1366108 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER	675	4,337	
11/20/14	TIM BROWN FOR CITY COUNCIL 2014 ID#1331342 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER	675	1,337	

SUBTOTAL \$ 2,142



**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink
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to whole dollars

SCHEDULED (CONT)

Statement covers period from 10/19/2014 through 12/31/2014	CALIFORNIA FORM 460
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NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE	ID NUMBER 882300
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DATE	NAME OF CANDIDATE OFFICE AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/14	TIM BROWN FOR CITY COUNCIL 2014 ID#1331342 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES	340	1,677	
12/16/14	ELECT JIM DAHL CITY COUNCIL 2014 ID#36936 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES	340	4,677	
12/16/14	LORI DONCHAK FOR COUNCIL 2014 ID#1366108 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES	340	4,676	
	 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 1,020



**Schedule E
Payments Made**

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

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
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ID NUMBER 882300	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SAN CLEMENTE TIMES 34932 CALLE DEL SOL #B CAPISTRANO BEACH CA 92624	PRT	PRINT ADS	1,020
ORANGE COUNTY REGISTER PO BOX 100052 PASADENA CA 92289	PRT	PRINT ADS	2,025
BIEBER COMMUNICATIONS 3609 W MAC ARTHUR BLVD #812 SANTA ANA CA 92704	PRT	PRINT ADS	350
* Payments that are contributions or independent expenditures must also be summarized on Schedule D			SUBTOTAL \$ 3,395

Schedule E Summary

1 Payments made this period of \$100 or more (Include all Schedule E subtotals)	\$ <u>6,395</u>
2 Unitemized payments made this period of under \$100	\$ <u>50</u>
3 Total interest paid this period on loans (Enter amount from Schedule B Part 1 Column (e))	\$ <u> </u>
4 Total payments made this period (Add Lines 1 2 and 3 Enter here and on the Summary Page, Column A Line 6)	TOTAL \$ <u>6,445</u>

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink
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Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

ID NUMBER
882300

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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LORI DONCHAK FOR COUNCIL 2014 ID#1366108 100 AVENIDA PRESIDIO SAN CLEMENTE CA 92672	CTD	MONETARY CONTRIBUTION	3,000

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

SUBTOTAL \$ 3,000