

Recipient Committee Campaign Statement Cover Page

Date Stamp City of San Clemente JUL 08 2016 City Clerk Department	CALIFORNIA 460 FORM Page <u>1</u> of <u>5</u> For Official Use Only
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Statement covers period from <u>1-1-16</u> through <u>6-30-16</u>	Date of election if applicable (Month Day Year) _____
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SEE INSTRUCTIONS ON REVERSE

1 Type of Recipient Committee All Committees -- Complete Parts 1 2 3 and 4

<input type="checkbox"/> Officeholder Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small>
<input checked="" type="checkbox"/> General Purpose Committee <input checked="" type="checkbox"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>

2 Type of Statement

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd Year Report
<input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small>	
<input type="checkbox"/> Amendment (Explain below)	

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
<u>SAN CLEMENTE</u>	<u>CA</u>	<u>92673</u>	<u>[REDACTED]</u>

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

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 <u>7/7/16</u> Date	By <u>[REDACTED]</u> 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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars

SUMMARY PAGE

Statement covers period from <u>1-1-16</u> through <u>6-30-16</u>	CALIFORNIA FORM 460
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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>4,718</u>	\$ <u>4,718</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>4,718</u>	\$ <u>4,718</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>4,718</u>	\$ <u>4,718</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>1,500</u>	\$ <u>1,500</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1,500</u>	\$ <u>1,500</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>1,500</u>	\$ <u>1,500</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>14,584</u>
13 Cash Receipts	Column A Line 3 above	<u>4,718</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>1,500</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>17,802</u>

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	\$ _____

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars

SCHEDULE A

Statement covers period from <u>1-1-16</u> through <u>6-30-16</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>5</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE	ID NUMBER 882300
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DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D 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)
01/04/16	ELECTRICAL VISUAL EVOLUTION LLC 1001 CALLE AMANCER SAN CLEMENTE CA 92673	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		128	128	
03/07/16	LOWES 907 AVENIDA PICO SAN CLEMENTE CA 92673	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		203	203	
05/31/16	CALIBER COLLISION 235 CALLE PINTERESCO SAN CLEMENTE CA 92672	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		128	128	
06/15/16	MOBILEMONEY INC 941 CALLE NEGOCIO SAN CLEMENTE CA 92673	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		128	128	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				587		

Schedule A Summary

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals)	\$ <u>587</u>
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>4 131</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>4 718</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g. business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Amounts may be rounded
to whole dollars

SCHEDULE D

Statement covers period from <u>1-1-16</u> through <u>6-30-16</u>		CALIFORNIA FORM 460
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NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE		ID NUMBER 882300

SEE INSTRUCTIONS ON REVERSE

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)
02/29/16	BATES FOR SENATE 2018 ID# 1374577	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1 000	1 000	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/31/16	BILL BROUGH FOR STATE ASSEMBLY 2016 ID # 1373595	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500	500	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,500		

Schedule D Summary

- 1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals) \$ 1,500
- 2 Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- 3 Total contributions and independent expenditures made this period (Add Lines 1 and 2 Do not enter on the Summary Page) **TOTAL \$** 1,500

Schedule E
Payments Made

Amounts may be rounded
to whole dollars

Statement covers period
from 1-1-16 through 6-30-16
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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
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage delivery and messenger services
PRO professional services (legal accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers salaries
TEL t v or cable airtime and production costs
TRC candidate travel lodging and meals
TRS staff/spouse travel lodging and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet e-mail)

Table with 3 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I D NUMBER), CODE OR DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include BATES FOR SENATE 2018 and BILL BROUGH FOR STATE ASSEMBLY.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D
SUBTOTAL \$ 1 500

Schedule E Summary

- 1 Itemized payments made this period (Include all Schedule E subtotals) \$ 1,500
2 Unitemized payments made this period of under \$100 \$
3 Total interest paid this period on loans (Enter amount from Schedule B Part 1 Column (e)) \$
4 Total payments made this period (Add Lines 1 2 and 3 Enter here and on the Summary Page Column A, Line 6) TOTAL \$ 1,500