

501-5-4

# Recipient Committee Campaign Statement Cover Page

Date Stamp <b>City of San Clemente</b>  <b>OCT 27 2016</b>  City Clerk Department	<b>CALIFORNIA</b> FORM <b>460</b>  Page <u>1</u> of <u>6</u>  For Official Use Only
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Statement covers period from <u>09-25-16</u>  through <u>10-22-16</u>	Date of election if applicable (Month, Day Year)  <u>11-08-16</u>
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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 <i>(Also Complete Part 2)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>
<input checked="" type="checkbox"/> General Purpose Committee <input checked="" type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>

**2. Type of Statement:**

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

**3. Committee Information**

LD 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>10/27/16</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>09-25-16</u>	CALIFORNIA FORM <b>460</b>
through <u>10-22-16</u>	
Page <u>2</u> of <u>6</u>	I.D. NUMBER <b>882300</b>

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>150</u>	\$ <u>7,072</u>
2 Loans Received ..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>150</u>	\$ <u>7,072</u>
4 Nonmonetary Contributions ..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>150</u>	\$ <u>7,072</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... ..... Schedule E, Line 4	\$ <u>6,422</u>	\$ <u>12,481</u>
7 Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>6,422</u>	\$ <u>12,481</u>
9 Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11 TOTAL EXPENDITURES MADE ..... Add Lines 6 + 9 + 10	\$ <u>6,422</u>	\$ <u>12,481</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>15,447</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>150</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	<u>6,422</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,175</u>

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

17 LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**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>09-25-16</u> through <u>10-22-16</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
I.D. NUMBER <b>882300</b>	

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 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)
		<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 – itemized monetary contributions (Include all Schedule A subtotals.)	.. .. \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100	.. .. \$ <u>150</u>
3. Total monetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1)	<b>TOTAL \$</b> <u>150</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>09-25-16</u> through <u>10-22-16</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>6</u>	LD NUMBER <b>882300</b>

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)
09-30-16	DAN BANE FOR CITY COUNCIL 2016 ID# 1389494	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER	1,881 92	1,881.92	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09-30-16	STEVE SWARTZ FOR CITY COUNCIL ID# 1384108	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER	1,881 92	4 881 92	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10-06-16	STEVE SWARTZ FOR CITY COUNCIL ID# 1384108	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES	1,084 00	5 965 92	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>4,847.84</b>		

**Schedule D Summary**

1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals.)	..	\$ <u>5,931.84</u>
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)	<b>TOTAL</b>	\$ <u>5,931.84</u>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>09-25-16</u> through <u>10-22-16</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
ID NUMBER <b>882300</b>	

NAME OF FILER <b>BUSINESSES FOR A BETTER SAN CLEMENTE</b>	ID NUMBER <b>882300</b>
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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)
10-08-16	DAN BANE FOR CITY COUNCIL 2016 ID# 1389494	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES	1,084 00	2,965 92	
	<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					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input 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 \$ 1,084 00**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>
from	09-25-16	
through	10-22-16	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
BUSINESSES FOR A BETTER SAN CLEMENTE		882300

SEE INSTRUCTIONS ON REVERSE

**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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ORANGE COUNTY REGISTER PO BOX 100052 PASADENA CA 92289	PRT		pPRINT aDS	4,254 00
SAN CLEMENTE TIMES 34932 CALL DEL SOL #E CAPISTRANO BEACH CA 92624	PRT		PRINT ADS	2,168 00
				<b>SUBTOTAL \$ 6,422.00</b>

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

**Schedule E Summary**

1 Itemized payments made this period (Include all Schedule E subtotals.)	..	..	....	..	..	..	..	..	..	..	\$ 6,422.00
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.)											<b>TOTAL \$ 6,422 00</b>