

501-5-4

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 84216 5)

Type or print in ink

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
CITY OF SAN CLEMENTE	Page <u>1</u> of <u>4</u>
JAN 25 2012	For Official Use Only
CITY CLERK DEPARTMENT	

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</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="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

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
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement Attach Form 495 |
| <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)

1100 NO EL CAMINO REAL

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN CLEMENTE	CA	92672	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P O BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL FAX / E MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

DON KINDRED

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1-25-12
Date

By [REDACTED]
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page <u>2</u> of <u>4</u>

5 Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP _____

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	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P O BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</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>5,406</u>	\$ <u>10,898</u>
2 Loans Received	Schedule B Line 3	_____	_____
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>5,406</u>	\$ <u>10,898</u>
4 Nonmonetary Contributions	Schedule C Line 3	_____	_____
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5,406</u>	\$ <u>10,898</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>0</u>	\$ <u>1,160</u>
7 Loans Made	Schedule H Line 3	_____	_____
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>1,160</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>0</u>	\$ <u>1,160</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>15,819</u>
13 Cash Receipts	Column A Line 3 above	<u>5,406</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	_____
15 Cash Payments	Column A Line 8 above	_____
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>21,225</u>

If this is a termination statement Line 16 must be zero

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

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	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
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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)
07/29/11	RAINBOW SANDALS 900 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		140	140	
08/03/11	METAGENICS 100 AVE LA PATA 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		140	140	
08/30/11	RBF CONSULTING 14725 ALTON PKWY IRVINE CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		194	194	
10/17/11	THE GAS COMPANY 1 LIBERTY ALSIO VIEJO CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		158	158	
11/01/11	CAPISTRANO TOYOTA 33395 CAMINO CAPISTRANO SAN JUAN CAPISTRANO CA 92675	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		140	140	
SUBTOTAL \$				772		

Schedule A Summary

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals)	\$ <u>772</u>
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>4 634</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>5,406</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