

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200 84216 5)

Type or print in ink

501-5-4

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
CITY OF SAN CLEMENTE	Page <u>1</u> of <u>7</u>
<b>JUL 18 2012</b>	For Official Use Only
CITY CLERK DEPARTMENT	

Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</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<br><i>(Also Complete Part 5)</i>        | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>  |
| <input checked="" type="checkbox"/> General Purpose Committee        | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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<br><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
<b>SAN CLEMENTE</b>	<b>CA</b>	<b>92672</b>	<b>[REDACTED]</b>

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

**CHARLES E NAREY**

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 7/16/12  
Date

By [REDACTED]  
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

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

Type or print in ink

COVER PAGE PART 2

<b>CALIFORNIA FORM</b>	460
Page <u>2</u> of <u>7</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
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**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>01/01/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</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>4,983</u>	\$ <u>4,983</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>4,983</u>	\$ <u>4,983</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>4,983</u>	\$ <u>4,983</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>336</u>	\$ <u>336</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>336</u>	\$ <u>336</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>336</u>	\$ <u>336</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>21,225</u>
13 Cash Receipts	Column A Line 3 above	<u>4,983</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>336</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>25,872</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	\$ _____

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>01/01/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

ID NUMBER

882300

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)
01/12/2012	SHORECLIFFS GOLF CLUB 501 AVENIDA VAQUERO 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		122		
01/24/2012	FLAVOR CHEM 271 CALLE PINTORESCO 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		122		
01/25/2012	COX COMMUNICATIONS 29947 AVE DE LOS BANDEROS RANCHO SANTA MARG CA 92688	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		194		
02/29/2012	WALMART 951 E AVE 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		176		
03/09/2012	FISHERMAN'S SAN CLEMENTE PIER 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		122		
<b>SUBTOTALS</b>				<b>736</b>		

**Schedule A Summary**

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals )	\$ <u>876</u>
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>4 107</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 \$ <u>4 983</u></b>

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>BUSINESSES FOR A BETTER SAN CLEMENTE</b>	ID NUMBER <b>882300</b>
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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)
03/26/2012	TALEGA GOLF CLUB 990 AVE TALEGA 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		
		<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				
<b>SUBTOTAL \$</b>				<b>140</b>		

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**

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

SCHEDULE D

Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>7</u>	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)
03/15/2012	BATES FOR SUPERVISOR ID # 1265571	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		180	180	
	<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					
<b>SUBTOTAL \$</b>				<b>180</b>		

**Schedule D Summary**

1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals )	\$ <u>180</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>180</u>

**Schedule E  
Payments Made**

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

Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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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 tv 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                     |
| ND 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
BATES FOR SUPERVISOR 30025 ALICIA PKWY #133 LAGUNA NIGUEL CA 92677	CTB	MONETARY CONTRIBTUION	180
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D</b>			<b>SUBTOTAL \$ 180</b>

**Schedule E Summary**

1 Itemized payments made this period (Include all Schedule E subtotals )	\$ <u>180</u>
2 Unitemized payments made this period of under \$100	\$ <u>156</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 )	<b>TOTAL \$ <u>336</u></b>