

501-5-4

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COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 84216 5)

Type or print in ink

Date Stamp: CITY OF SAN CLEMENTE, OCT 05 2012, CITY CLERK DEPARTMENT. CALIFORNIA FORM 460, Page 1 of 7, For Official Use Only.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2012 through 09/30/2012

Date of election if applicable (Month Day Year) 11/06/2012

1 Type of Recipient Committee. All Committees - Complete Parts 1 2 3 and 4. Includes checkboxes for Officeholder Candidate Controlled Committee, State Candidate Election Committee, Recall, General Purpose Committee, Sponsored, Small Contributor Committee, Political Party/Central Committee, Primarily Formed Ballot Measure Committee, Controlled, Sponsored, Primarily Formed Candidate/Officeholder Committee.

2 Type of Statement. Includes checkboxes for Preelection Statement, Quarterly Statement, Semi-annual Statement, Special Odd-Year Report, Termination Statement, Supplemental Preelection Statement, Amendment, and Attachment 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) 1100 NO EL CAMINO REAL. CITY SAN CLEMENTE, STATE CA, ZIP CODE 92672.

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 10/5/12. By [REDACTED] Signature of 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 07/01/2012
through 09/30/2012

CALIFORNIA FORM 460
Page 2 of 7
ID NUMBER 882300

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESSES FOR A BETTER SAN CLEMENTE

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A Line 3	\$ 2,731	\$ 7,714
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 2,731	\$ 7,714
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 2,731	\$ 7,714

**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	\$ _____	\$ _____

		Column A	Column B
6 Payments Made	Schedule E Line 4	\$ 13,676	\$ 14,012
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 13,676	\$ 14,012
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	\$ 13,676	\$ 14,012

**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	\$ 25,872
13 Cash Receipts	Column A Line 3 above	2,731
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	13,676
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ 14,927

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>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>3</u> of <u>7</u>	

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)
07/13/12	TARGET 990 AVENIDA VISTA HERMOSA 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		158	158	
08/17/12	COSTCO 33961 DOHENY PARK ROAD 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		122	122	
08/27/12	RBF CONSULTING 14725 ALTON PARKWAY 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	
09/28/12	ORANGE COAST JEEP 32881 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		122	122	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				596		

Schedule A Summary

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals)	\$ <u>596</u>
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>2,135</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>2,731</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**

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

Statement covers period
from 07/01/2012
through 09/30/2012

SCHEDULE D

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)
07/28/12	HARKEY FOR ASSEMBLY 2012 ID#1333821	<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					
09/28/12	ELECT JIM DAHL CITY COUNCIL 2012 ID#1348877	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		7,000	7,000	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/28/12	MORTENSON FOR CITY COUNCIL 2012 ID#1349348	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		4 000	4,000	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				11,500		

Schedule D Summary

- | | |
|---|-------------------------------|
| 1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals) | \$ <u>11 953</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) | TOTAL \$ <u>11,953</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

SCHEDULE D (CONT)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>7</u>
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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)
09/30/12	ELECT JIM DAHL CITY COUNCIL 2012 ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	FAST SIGNS - ENDORSEMENT SIGN	227	227	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/30/12	MORTENSON FOR CITY COUNCIL 2012 ID#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	FAST SIGNS - ENDORSEMENT SIGN	226	226	
	<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					
SUBTOTAL \$				453		

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page <u>6</u> of <u>7</u>
NAME OF FILER		ID NUMBER
BUSINESSES FOR A BETTER SAN CLEMENTE		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 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 |
| 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
HARKEY FOR ASSEMBLY 2012 31878 DEL OBISPO #118 SAN JUAN CAPISTRANO CA 92675	CTB	MONETARY CONTRIBUTION	500
ELECT JIM DAHL CITY COUNCIL 2012 [REDACTED]	CTB	MONETARY CONTRIBUTION	7,000
MORTENSON FOR CITY COUNCIL 603 E ALTON AVE STE H SANTA ANA CA 92705	CTB	MONETARY CONTRIBUTION	4 000

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

SUBTOTAL \$ 11,500

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$	13,526
2 Unitemized payments made this period of under \$100	\$	150
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 \$	13,676

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
 from 07/01/2012
 through 09/30/2012



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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 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 |
| IG independent expenditure supporting/opposing others (explain)* | POS postage delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LG legal defense | PRO professional services (legal accounting) | VOT voter registration |
| LT 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
ST ANDREWS BY THE SEA CHURCH 2001 CALLE FRONTERA SAN CLEMENTE CA 92673	MTG	RENTAL FEES	300
SAN CLEMENTE JOURNAL 113 CALLE CAMPO SAN CLEMENTE CA 92672	PRT	FORUM ADVERTISING	500
SAN CLEMENTE TIMES LLC 34932 CALLE DEL SOL STE B APISTRANO BEACH CA 92624	PRT	FORUM ADVERTISING	223
CINNAMON PRODUCTIONS 647 CAMINO DE LOS MARES STE D130 SAN CLEMENTE 02673	MTG	FOOD FOR CANDIDATES FORUM	550
FAST SIGNS 103 VIA PICO PLAZA SAN CLEMENTE CA 92672	PRT	ENDORSMENT ADVERTISING SIGN	453

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

SUBTOTAL \$ 2026