

501-5-4

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Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

City of San Clemente stamp with date stamp OCT 22 2012 and page 1 of 7.

Statement covers period from 10/01/2012 through 10/20/2012. Date of election if applicable 11/06/2012.

SEE INSTRUCTIONS ON REVERSE

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

- 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

- Preelection Statement, Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, Special Odd Year Report, Supplemental Preelection Statement.

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

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

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 10/22/12 Date

By [Signature] Assistant Treasurer

Executed on Date

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsive Officer of Sponsor

Executed on Date

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on Date

By [Signature] Signature of Controlling Officer/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 <u>10/01/2012</u>	CALIFORNIA FORM 460
through <u>10/20/2012</u>	
Page <u>2</u> of <u>7</u>	
ID NUMBER <u>882300</u>	

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>157</u>	\$ <u>7,871</u>
2 Loans Received	Schedule B, Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>157</u>	\$ <u>7,871</u>
4 Nonmonetary Contributions	Schedule C, Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>157</u>	\$ <u>7,871</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>5,333</u>	\$ <u>19,345</u>
7 Loans Made	Schedule H, Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>5,333</u>	\$ <u>19,345</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>5,333</u>	\$ <u>19,345</u>

**Expenditure Limit Summary for State
Candidates**

22 Cumulative Expenditures Made
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) Total to Date

____/____/____ \$ _____

____/____/____ \$ _____

Current Cash Statement		Column A
12 Beginning Cash Balance	Previous Summary Page Line 16	\$ <u>14,927</u>
13 Cash Receipts	Column A, Line 3 above	<u>157</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	
15 Cash Payments	Column A, Line 8 above	<u>5,333</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>9,751</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).

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	\$ _____

Amounts in this section may be different from amounts reported in Column B

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline 866/ASK FPPC (866/275 3772)

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
Page _____ of _____	

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 ID 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>157</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>157</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		SCHEDULED	
from	10/01/2012	CALIFORNIA FORM 460	
through	10/20/2012	Page	3 of 7
		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)
10/03/2012	ELECT JIM DAHL CITY COUNCIL 2012 ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LINK WEB EMAIL ADVERTISING	373	600	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/03/2012	MORTENSON FOR CITY COUNCIL 2012 ED#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LINK WEB - EMAIL ADVERTISING	373	599	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2012	ELECT JIM DAHL CITY COUNCIL 2012 ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER - PRINT ADS	62	662	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				808		

Schedule D Summary

1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals)	\$ 3,153
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 \$ 3,153

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>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>7</u>

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)
10/16/2012	MORTENSON FOR CITY COUNCIL 2012 ID#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER - PRINT ADS	62	661	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2012	ELECT JIM DAHL CITY COUNCIL 2012 ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	KINDRED ASSOC - PRINT ADS	94	756	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2012	MORTENSON FOR CITY COUNCIL 2012 ID#1349348	<input checked="" type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	KINDRED ASSOC PRINT ADS	95	756	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2012	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	1 047	1 803	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 1 298

**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>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>
ID NUMBER 882300	

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 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2012	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 SIGNS	1,047	1,803	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" 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 \$				1,047		

**Schedule E
Payments Made**

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

Statement covers period
from 10/01/2012
through 10/20/2012

SCHEDULE E

CALIFORNIA FORM 460

Page 6 of 7

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 | 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 |
| FL 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
LINK WEB SERVICES INC 111 AVENIDA DEL REPOSO #1 SAN CLEMENTE CA 92672	WEB	EMAIL LETTERS	746
ORANGE COUNTY REGISTER PO BOX 100052 PASADENA CA 92289	PRT	PRINT ADS	124
SAN CLEMENTE TIMES LLC 34032 CALLE DEL SOL STE B CAPISTRANO BEACH CA 92624	PRT	PRINT ADS	2 002
* Payments that are contributions or independent expenditures must also be summarized on Schedule D			SUBTOTAL \$ 2,872

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$ <u>5 333</u>
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 \$ <u>5 333</u>

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT)

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

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA FORM 460
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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
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
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
KINDRED ASSOCIATES PO BOX 788 SAN CLEMENTE CA 92674	PRT	PRINT ADS FOR NEWSPAPER ADVERTISING	189
FAST SIGNS 103 VIA PICCO PLAZA SAN CLEMENTE CA 92672	PRT	ENDORSEMENT ADVERTISING SIGNS	2 094
REED & DAVIDSON 3699 WILSHIRE BLVD STE 1290 LOS ANGELES CA 90010	PRO	LEGAL SERVICES	178

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

SUBTOTAL \$ 2,461