

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: CITY OF SAN CLEMENTE, JAN 15 2013, CITY CLERK DEPARTMENT. CALIFORNIA FORM 460, Page 1 of 8, For Official Use Only.

Statement covers period from 10/21/2012 through 12/31/2012. Date of election if applicable: 11/6/12.

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

I.D. NUMBER 882300

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BUSINESS FOR A BETTER SAN CLEMENTE

STREET ADDRESS (NO P.O. BOX) 1100 NO EL CAMINO REAL

CITY SAN CLEMENTE STATE CA ZIP CODE 92672 AREA CODE/PHONE

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 1/15/13 Date
Executed on Date
Executed on Date
Executed on Date

By [Signature] Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [Signature] 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 <u>10/21/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460
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	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>1,736</u>	\$ <u>9,607</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1,736</u>	\$ <u>9,607</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1,736</u>	\$ <u>9,607</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>8,507</u>	\$ <u>27,852</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>8,507</u>	\$ <u>27,852</u>
9 Accrued Expenses (Unpaid Bills)	Schedule F Line 3		
10 Nonmonetary Adjustment	Schedule G Line 3		
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>8,507</u>	\$ <u>27,852</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>9,751</u>
13 Cash Receipts	Column A Line 3 above	<u>1,736</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>8,507</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>2,980</u>

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	\$ _____

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**

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

SCHEDULE A

Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460
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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)
10/24/12	THE GAS COMPANY PO BOX C MONTEREY PARK CA 91756	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		158		
		<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 \$				158		

Schedule A Summary

1 Amount received this period – itemized monetary contributions (Include all Schedule A subtotals)	\$ <u>158</u>
2 Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>1,578</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>1,736</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

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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)
10/31/12	ELECT JIM DAHL FOR CITY COUNCIL ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	FAST SIGNS ENDORSEMENT SIGN	441	2 244	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/12	MORTENSON FOR CITY COUNCIL ID#134934	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	FAST SIGNS ENDORSEMENT SIGN	441	2 244	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/12	ELECT JIM DAHL FOR CITY COUNCIL ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LINK WEB - ENDORSEMENT BANNER	87	687	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				969		

Schedule D Summary

1 Itemized contributions and independent expenditures made this period (Include all Schedule D subtotals)	\$ <u>2 596</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>2,596</u>

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

Type or print in ink
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to whole dollars

SCHEDULED (CONT)

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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)
10/31/12	MORTENSON FOR CITY COUNCIL ID#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LINK WEB ENDORSEMENT BANNER	88	687	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/16/12	ELECT JIM DAHL FOR CITY COUNCIL ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER PRINT ADS	615	1 277	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/16/12	MORTENSON FOR CITY COUNCIL ID#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER - PRINT ADS	616	1 277	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/12	ELECT JIM DAHL FOR CITY COUNCIL ID#1348877	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER - PRINT ADS	154	1 431	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1 473		

**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)

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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)
12/18/12	MORTENSON FOR CITY COUNCIL ID#1349348	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ORANGE COUNTY REGISTER PRINT ADS	154	1,431	
	<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 \$ 154

**Schedule E
Payments Made**

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

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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 |
| 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
PENNY MAYNARD PO BOX 713 DANA POINT CA 92629	MTG	SCE MEETING	200
FAST SIGNS 103 PICO PLAZA SAN CLEMENTE CA 92672	PRT	ENDORSEMENT ADVERTISING SIGNS	881
LINK WEB SERVICES INC 111 AVENIDA DEL REPOSO #1 SAN CLEMENTE CA 92672	PRT	TABLE SKIRT AD	175

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

SUBTOTAL \$ 1,256

Schedule E Summary

1 Itemized payments made this period (Include all Schedule E subtotals)	\$ 8,459
2 Unitemized payments made this period of under \$100	\$ 48
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 \$ 8,507

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2012	
through	12/31/2012	Page <u>8</u> of <u>8</u>
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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 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ORANGE COUNTY REGISTER PO BOX 100052 PASADENA CA 92289	PRT	PRINT ADS	1 539
REED & DAVIDSON 3699 WILSHIRE BLVD STE 1290 LOS ANGELES CA 90010	PRO	LEGAL	4 134
HAYDEN NAREY & PERSICH 2340 SO EL CAMINO REAL STE 15 SAN CLEMENTE CA 92672	PRO	ACCOUNTING	1 530
SUBTOTAL \$			7 203

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