

501-5-4

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SCANNED

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, JUL 15 2014, City Clerk Department. CALIFORNIA 2001/02 FORM 460, Page 1 of 6, For Official Use Only.

Statement covers period from 1-01-14 through 6-30-14. Date of election if applicable (Month Day Year)

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, Ballot Measure Committee, Primarily Formed, 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)

1231 PUERTA DEL SOL STE 200

CITY STATE ZIP CODE AREA CODE/PHONE

SAN CLEMENTE CA 92673

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 7/8/14 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>1-01-14</u>	CALIFORNIA FORM 460
through <u>6-30-14</u>	
Page <u>2</u> of <u>6</u>	ID NUMBER <u>882300</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESS 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>5,434</u>	\$ <u>5,434</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>5,434</u>	\$ <u>5,434</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5,434</u>	\$ <u>5,434</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>1,252</u>	\$ <u>1,252</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1,252</u>	\$ <u>1,252</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>1,252</u>	\$ <u>1,252</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>10,450</u>
13 Cash Receipts	Column A Line 3 above	<u>5,434</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>1,252</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>14,632</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	\$ _____

Since January 1, 2001, 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>1-01-14</u> through <u>6-30-14</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BUSINESS 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)
2/12/14	FLAVORCHEM INC 271 CALLE PINTOESCO 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		128	128	
3/11/14	WALMART 951 E 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		185	185	
3/11/14	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		128	128	
3/11/14	COX COMMUNICATIONS 29947 AVE DE LOS BANDEROS RANCHO SANTA MARGARUTA CA 92688	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		204	204	
6/13/14	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		166	166	
SUBTOTAL \$				811		

Schedule A Summary

1 Amount received this period – contributions of \$100 or more (Include all Schedule A subtotals)	\$ <u>939</u>
2 Amount received this period – unitemized contributions of less than \$100	\$ <u>4 495</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>5,434</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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>1-01-14</u> through <u>6-30-14</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>

NAME OF FILER BUSINESS 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)
6/25/14	MOBILEMONEY INC 941 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		128	128	
		<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 \$				128		

Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 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

SCHEDULED

Statement covers period from <u>1-01-14</u> through <u>6-30-14</u>	CALIFORNIA FORM 460
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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)
3/31/14	BATES FOR SENATE ID#1350034 C/O PAULE CONSULTING 40335 WINCHESTER RD #E165 TEMECULA CA 92591	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		650	650	
	<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 \$				650		

Schedule D Summary

- | | |
|---|----------------------------|
| 1 Contributions and independent expenditures made this period of \$100 or more (Include all Schedule D subtotals) | \$ <u>650</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>650</u> |

**Schedule E
Payments Made**

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

Statement covers period from <u>1-01-14</u> through <u>6-30-14</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>6</u>	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 |
| 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
SECRETARY OF STATE PO BOX 611002 SACRAMENTO CA 94244		BUSINESS FILING FEES	200
BATES FOR SENATE ID# 1350034 C/O PAULE CONSULTING 40335 WINSHESTER RD #E165 TEMECULA CA 92591	CTB		650
ST ANDREW'S 2001 CALLE FRONTERA SAN CLEMENTE CA 92673	MTG		300
* Payments that are contributions or independent expenditures must also be summarized on Schedule D			SUBTOTAL \$ 1 150

Schedule E Summary

1 Payments made this period of \$100 or more (Include all Schedule E subtotals)	\$ <u>1 150</u>
2 Unitemized payments made this period of under \$100	\$ <u>102</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)	TOTAL \$ <u>1 252</u>