

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

501-5-4

COVER PAGE

Date Stamp City of San Clemente	CALIFORNIA 2001/02 FORM 460
OCT 22 2014	
City Clerk Department	Page <u>1</u> of <u>6</u>
For Official Use Only	

Statement covers period from <u>07-01-14</u> through <u>10-18-14</u>	Date of election if applicable (Month Day Year) <u>11-11-14</u>
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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"/> Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Recall <small>(Also Complete Part 2)</small>	<input type="checkbox"/> Controlled
<input checked="" type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Sponsored <small>(Also Complete Part 1B)</small>
<input checked="" type="checkbox"/> Sponsored	<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <small>(Also Complete Part 2)</small>
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

2 Type of Statement

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd Year Report
<input type="checkbox"/> Termination Statement	<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)
1231 PUERTA DEL SOL STE 200

CITY <u>SAN CLEMENTE</u>	STATE <u>CA</u>	ZIP CODE <u>92673</u>	AREA CODE/PHONE [REDACTED]
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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
[REDACTED]

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 <u>10/22/14</u>	By [REDACTED]
Executed on _____	By _____
Executed on _____	By _____
Executed on _____	By _____

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>07-01-14</u> through <u>10-18-14</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>6</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>2,306</u>	\$ <u>7,740</u>
2 Loans Received	Schedule B Line 3		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>2,306</u>	\$ <u>7,740</u>
4 Nonmonetary Contributions	Schedule C Line 3		
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>2,306</u>	\$ <u>7,740</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>5,212</u>	\$ <u>6,464</u>
7 Loans Made	Schedule H Line 3		
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>5,212</u>	\$ <u>6,464</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>5,212</u>	\$ <u>6,464</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>14,632</u>
13 Cash Receipts	Column A Line 3 above	<u>2,306</u>
14 Miscellaneous Increases to Cash	Schedule I Line 4	
15 Cash Payments	Column A Line 8 above	<u>5,212</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>11,726</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 \$ _____

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>07-01-14</u> through <u>10-18-14</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</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 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)
7/17/14	RAINBOW SANDALS 900 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		166	166	
8/15/14	ORANGE COUNTY ASSN OF REALTORS, INC 25562 LA PAZ ROAD LAGUNA HILLS CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
9/18/14	COSTCO WHOLESALE 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		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				

SUBTOTAL \$ 794

Schedule A Summary

- Amount received this period – contributions of \$100 or more
(Include all Schedule A subtotals)
- Amount received this period – unitemized contributions of less than \$100
- Total monetary contributions received this period
(Add Lines 1 and 2 Enter here and on the Summary Page, Column A Line 1)

\$ 794
\$ 1 512
TOTAL \$ 2 306

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>07-01-14</u> through <u>10-18-14</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>6</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)
9-30-14	ELECT JIM DAHL CITY COUNCIL 2014 ID# 369236 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ¹	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3 000	3 000	
9-30-14	ELECT JIM DAHL CITY COUNCIL 2014 ID# 1369236 <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	SAN CLEMENTE TIMES - PRINT AD	545	3 545	
9-30-14	LORI DONCHAK FOR COUNCIL 2014 ID# 1366108 <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	SAN CLEMENTE TIMES - PRINT AD	545	545	
SUBTOTAL \$				4,090		

Schedule D Summary

1 Contributions and independent expenditures made this period of \$100 or more (Include all Schedule D subtotals)	\$ <u>4,635</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>4,635</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>07-01-14</u> through <u>10-18-14</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</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)
9-30-14	TIM BROWN FOR CITY COUNCIL 2014 ID# 1331342	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAN CLEMENTE TIMES - PRINT AD	545	545	
	<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 \$				545		

**Schedule E
Payments Made**

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

Statement covers period from <u>07-01-14</u> through <u>10-18-14</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>6</u> ID NUMBER 882300
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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 t v 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
SAN CLEMENTE TIMES 34932 CALLE DEL SOL #B CAPISTANO BEACH CA 92624	PRT	PRINT ADS	1,635
ELECT JIM DAHL CITY COUNCIL 2014 ID# 1369236 [REDACTED]	CTB		3 000
JAY S CATERING 10581 GARDEN GROVE BLVD GARDEN GROVE CA 94843	MTG	FOOD FOR CANDIDATES FORUM	577

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

SUBTOTAL \$ 5 212

Schedule E Summary

1 Payments made this period of \$100 or more (Include all Schedule E subtotals)	\$ <u>5,212</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>5 212</u>