

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

RECEIVED AUG - 4 2010 CITY OF ATASCADERO CITY CLERK'S OFFICE	CALIFORNIA FORM 460
	Page _____ of _____ For Official Use Only

Statement covers period from <u>1/01/10</u> through <u>6/30/10</u>	Date of election if applicable: (Month, Day Year)
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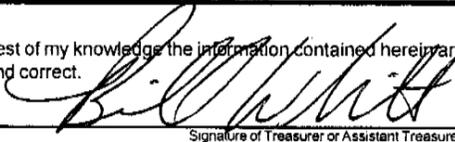
SEE INSTRUCTIONS ON REVERSE

1 Type of Recipient Committee All Committees - Complete Parts 2, 3, and 4. <input type="checkbox"/> Officeholder Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input checked="" type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6) <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)	2. Type of Statement: <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below)	<input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement Attach Form 495
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3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Atascadero Professional Firefighters L3600 STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE Atascadero CA 93422 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ OPTIONAL: FAX / E-MAIL ADDRESS	I.D. NUMBER 1312619 Treasurer(s) NAME OF TREASURER Matt Vierra MAILING ADDRESS _____ CITY STATE ZIP CODE AREA CODE/PHONE Atascadero CA 93422 NAME OF ASSISTANT TREASURER, IF ANY Bill White MAILING ADDRESS _____ CITY STATE ZIP CODE AREA CODE/PHONE Atascadero CA 93422 OPTIONAL: FAX / E-MAIL ADDRESS
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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>8/3/10</u> Date	By <u></u> Signature of Treasurer or Assistant Treasurer
Executed on <u>8/3/10</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ 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>1/11/10</u> through <u>6/30/10</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1312619

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Atascadero Professional Firefighters L3600

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ _____	\$ _____
2 Loans Received	Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____	\$ _____
4 Nonmonetary Contributions	Schedule C, Line 3	_____	_____
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>Zero</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	\$ _____	\$ _____
7 Loans Made	Schedule H, Line 3	_____	_____
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ _____	\$ _____
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>Zero</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>606 00</u>
13 Cash Receipts	Column A, Line 3 above	_____
14 Miscellaneous Increases to Cash	Schedule I, Line 4	<u>54 00</u>
15. Cash Payments	Column A, Line 8 above	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>660 00</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)

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

17 LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ Zero

Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse	\$ _____
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>Zero</u>