

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

Type or print in ink.

COVER PAGE

RECEIVED AUG - 3 2010	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> <small>For Official Use Only</small>
CITY OF ATASCADERO CITY CLERK'S OFFICE	

Statement covers period from <u>1/1/2010</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 1, 2, 3, and 4.

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input checked="" type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER: 1304988

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
A Better Atascadero (ABA)

STREET ADDRESS (NO P.O. BOX):
[REDACTED]

CITY: Atascadero STATE: CA ZIP CODE: 93422 AREA CODE/PHONE: [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
[REDACTED]

CITY: Atascadero STATE: CA ZIP CODE: 93423 AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS:
[REDACTED]

Treasurer(s)

NAME OF TREASURER:
Donald Cross

MAILING ADDRESS:
5185 Ardilla Ave
CITY: Atascadero STATE: CA ZIP CODE: 93422 AREA CODE/PHONE: [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY:
Suzi Anderson

MAILING ADDRESS:
[REDACTED]
CITY: Atascadero STATE: CA ZIP CODE: 93422 AREA CODE/PHONE: [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS:
[REDACTED]

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 6/30/2010
 Executed on 6/30/2010
 Executed on 6/30/2010
 Executed on _____

By [Signature: Donald Cross]
Signature of Treasurer or Assistant Treasurer

By [Signature: Suzi Anderson]
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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>1/1/10</u> through <u>6/30/10</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>4</u>
	I.D. NUMBER 1304988

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A Better Atascadero

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>2856⁰⁰</u>	\$ _____
2 Loans Received	Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>2856⁰⁰</u>	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>2856⁰⁰</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>2274⁰⁰</u>	\$ _____
7 Loans Made	Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2274⁰⁰</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>2274⁰⁰</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>3915⁰⁰</u>
13. Cash Receipts	Column A, Line 3 above	<u>2856⁰⁰</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	_____
15. Cash Payments	Column A, Line 8 above	<u>2274⁰⁰</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4497⁰⁰</u>

If this is a termination statement, Line 15 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 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/2010</u> through <u>6/30/10</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER A Better Atascadero	I.D. NUMBER 1304988
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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)
3/10	TED MILES ATASCADERO, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰		250 ⁰⁰
3/10	K-JONS ATASCADERO	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 ⁰⁰		100 ⁰⁰
3/10	JOANNE MAIN ATASCADERO, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 ⁰⁰		100 ⁰⁰
		<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 \$					450 ⁰⁰	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
- Amount received this period – unitemized monetary 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)

\$ 450⁰⁰
\$ 2406⁰⁰
TOTAL \$ 2856⁰⁰

*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 E
Payments Made**

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

Statement covers period from <u>1/1/10</u> through <u>6/30/10</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>4</u>
	I.D. NUMBER 1304988

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NAME OF FILER
A Better Atascadero

CODES: if one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MER 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
POST MASTER (ATASCADERO)	POS	POSTAGE STAMPS	88.00
WILKINS PRINTING - MAILER	FND	FUNDRAISER FOR ABA	58.46
SEC. OF STATE, CA	TUD	CORP. FILING (REQ)	20.00
ALENTUS CORP ALBERTA, CANADA	WEB	WEB HOSTING 2010	107.40
KPRL, PASO ROBLES CA	RAD	ADVERTISING FOR UPCOMING NOV. ELECTION	2,000.00

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

SUBTOTAL \$ **2273.86**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.)
- Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

\$ **2273.86**
\$ ~~0~~
\$ ~~0~~
TOTAL \$ **2273.86**