

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460

JUL 13 2010

Page 1 of 3

For Official Use Only

Statement covers period from 1/1/2010 through 6/30/2010

Date of election if applicable (Month, Day Year)

CITY OF ATASCADERO CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

1 Type of Recipient Committee All Committees - Complete Parts 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

Believed committee had been terminated as of the 12/31/08 460 filing, however, form 410 had not been filed

3 Committee Information

.D NUMBER 1308914

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Jerry Clay Sr

STREET ADDRESS (NO P.O. BOX)

CITY Atascadero STATE CA ZIP CODE 93422 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

N/A

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 7/13/10 Date
Executed on 7/13/10 Date
Executed on Date
Executed on Date

By no longer available Signature of Treasurer or Assistant Treasurer
By Jerry Clay Sr. Signature of Controlling Officeholder Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Signature of Controlling Officeholder Candidate, State Measure Proponent
By Signature of Controlling Officeholder Candidate, State Measure Proponent

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jerry L. Clay Sr

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Atascadero City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
[REDACTED] Atascadero CA 9342

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder candidate, or state measure proponent, if any

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO IF ANY
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7 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 1/1/2010 through 6/30/2010	CALIFORNIA FORM 460
Page 3 of 3	I.D. NUMBER 1308914

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Jerry Clay Sr

		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	\$ _____	\$ _____ 0

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	\$ _____	\$ _____
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	\$ _____	\$ _____ 0

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	\$ _____
13 Cash Receipts	Column A, Line 3 above	_____
14 Miscellaneous Increases to Cash	Schedule I, Line 4	_____
15 Cash Payments	Column A, Line 8 above	_____
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____ 0

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	\$ _____
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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	\$ _____