

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED OCT - 5 2010	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>14</u> For Official Use Only
CITY OF ATASCADERO CITY CLERK'S OFFICE	

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	Date of election if applicable: (Month, Day Year) <u>November 3 2010</u>
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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  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

### 2 Type of Statement

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement 90
- Special Odd-Year Report
- Supplemental Preelection Statement Attach Form 495

### 3 Committee Information

I.D. NUMBER 1245724

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

Committee To Elect Tom O'Malley to City Council - 2010 (CTETO)

STREET ADDRESS (NO. BOX)

CITY Atascadero STATE CA ZIP CODE 93423 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Atascadero STATE CA ZIP CODE 93423 AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

William D. Ausman

MAILING ADDRESS

CITY Atascadero STATE CA ZIP CODE 93423 AREA CODE/PHONE (805) 466-4800

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 10/5/10  
Date

Executed on 10/5/10  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>14</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Tom O Malley

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Atascadero CA 93422

**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 <u>7/1/2010</u> through <u>9/30/2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1245724</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETO

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>5,946</u>	\$ <u>6,245</u>
2 Loans Received <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>- 500</u>
3 SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>5,946</u>	\$ <u>5,745</u>
4 Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>1,614</u>	\$ <u>1,614</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>7,560</u>	\$ <u>7,359</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**

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>5,551.25</u>	\$ <u>5,651.25</u>
7 Loans Made <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8 SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>5,551.25</u>	\$ <u>5,651.25</u>
9 Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10 Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>1,614</u>	\$ <u>1,614</u>
11 TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>7,165.25</u>	\$ <u>7,265.25</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 <i>Previous Summary Page, Line 16</i>	\$ <u>- 33544</u>
13 Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>5,946</u>
14 Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>5551.25</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>5931</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*

**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 7/1/2010  
through 9/30/2010

**CALIFORNIA  
FORM 460**

Page 4 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETO

I.D. NUMBER

1245724

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)
7/7/10 9/10/10	Larry Bryant Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	
7/12/10	Donn Clickard Atascadero CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
7/12/10	Country Touch Cafe Atascadero CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
7/21/10	Dyann M Shepard, CPA Atascadero, CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
8/1/10	Debra Peterson 93432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary Atascadero Unified School District	250	250	
<b>SUBTOTAL \$</b>				<b>750</b>		

**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)

\$ 3600  
\$ 2346  
**TOTAL \$** 5946

\*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 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>7/1/2010</u> through <u>9/30/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>14</u>

NAME OF FILER <u>CTETO</u>	I.D. NUMBER <u>1245724</u>
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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)
8/23/10	Donald Foller Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Foller's Inc.	250	250	
8/24/10	Alfred J Fonzi Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	officer US Army	125	125	
8/24/10	Roberta J Fonzi Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Century 21 Hometown Realty	125	125	
8/26/10	John Webster Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Starna Cells Inc	250	250	
8/30/10	Ted A Sarobson Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner California Meridian Insurance	100	100	
<b>SUBTOTAL \$</b>				<b>850</b>		

\*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 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>7/1/2010</u> through <u>9/30/2010</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>14</u>		
NAME OF FILER <u>CTETO</u>		I.D NUMBER <u>1245724</u>

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)
8/31/10	Donald Messer Construction Atascadero CA 93423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
8/31/10	Tartell-Messer Real Estate Atascadero CA 93423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
9/4/10	John Hansen Pismo Beach CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Santacruz Bank	100	100	
9/7/10	Elizabeth Wingett Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	
9/8/10	Doris Hurd Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
SUBTOTAL \$				<u>650</u>		

\*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 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>7/1/2010</u> through <u>9/30/2010</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <u>CTETO</u>		I.D. NUMBER <u>1245724</u>

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)
9/10/10	Jerry L. Clay Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
9/10/10	John D Nelson Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Glenn's Repair	100	100	
9/10/10	Heidi Sealv Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President of Finance MGM Resorts	100	100	
9/19/10	Lincoln Club of San Luis Obispo County	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 983218	150	150	
9/22/10	Blakeslee For Senate 2012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1313588	500	500	
<b>SUBTOTAL \$</b>				<b>950</b>		

\*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 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>7/1/2010</u> through <u>9/30/2010</u>		<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>18</u>		
NAME OF FILER <u>CTETO</u>		I.D. NUMBER <u>1245724</u>

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)
9/24/10	Harmony Machine & Fabrication Atascadero CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
9/24/10	Robert M. Jones, Atty at Law Atascadero CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
9/30/10	Mike Burke Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Owner R. Burke Corporation	100	100	
9/30/2010	Bill Wachtel Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 400

\*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 B – Part 1  
Loans Received**

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

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETU

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Tom O'Malley</u> <u>Atascadero CA 93422</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>\$ 21,424<sup>40</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 21,424<sup>40</sup></u> DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 21,424<sup>40</sup></u>	<u>0</u>		

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100 )
- Loans paid or forgiven this period  
(Total Column (c) plus loans under \$100 paid or forgiven )  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period (Subtract Line 2 from Line 1 )  
Enter the net here and on the Summary Page Column A, Line 2

\$ 0  
\$ 0  
NET \$ 0  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>14</u>
I.D. NUMBER <u>1245724</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

CTETO

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/10	Mark Greenaway Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist self	Created Artistic Quality Campaign Sign	\$350	\$350	
9/10/10	Brad Goodrow Creston, CA 93432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner North County Recycling	wine	\$144	\$144	
9/10/10	Ned Thompson Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO owner Filippini & Thompson Drilling	<del>co owner</del> wine	120	120	
9/10/10	Portola Event Planning Reggie & Tom O'Malley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Aperitized Table, chairs, sound system, Entertainment, Etc.	1,000	1,000	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1614

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals )
- Amount received this period – unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period (Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Lines 4 and 10 )

\$ 1614  
NA incl \$ 0  
TOTAL \$ 1614

\*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

SCHEDULE E

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>14</u>	I.D. NUMBER <u>1245724</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETO

**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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Atascadero 6907 EL Camino Real Atascadero, CA 93422	FIL	Filing fee Electin Campaign Stmt CK# 191	\$ 25
City of Atascadero	FIL	ballot fee CK# 192	275
S.W. Martin & Associates Paso Robles, CA 93446	WEB	Design and Consultation ck# 193	100

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

SUBTOTAL \$ 400

**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)

Incl. \$ 5,551.25  
\$ 0  
\$ 0  
TOTAL \$ 5,551.25

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period  
from 7/1/2010  
through 9/30/2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETO

I.D NUMBER

1245724

**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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
S.W. Martin & Associates Paso Robles, CA 93446	WEB	Design and Consultation ck# 194	100
Wilkins Printing PO Box 787 Atascadero CA 93423	LIT	Printing ck# 195	41 <sup>53</sup>
S.W. Martin & Associates	WEB	Design and Consultation ck# 196	100
De Cou Lumber 8965 El Camino Real Atascadero CA, 93422	CMP	materials for sign ck# 197	73 <sup>19</sup>
Doc Stoltey PO Box 1503 Templeton CA 93465	FND	Mascian Entertainment at Fund Raising Event ck# 198	100

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

SUBTOTAL \$

414<sup>72</sup>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT)

Type or print in ink.  
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Statement covers period  
from 7/1/2010  
through 9/30/2010

**CALIFORNIA FORM 460**

Page 13 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CTETO

I.D. NUMBER

1245724

**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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael Reynolds Atascadero CA 93422	WEB	ck#199	100
Wilkins Printing PO Box 787 Atascadero, CA 93422	<del>PRT</del> LIT 970	ck#200	2,000
Michael Reynolds	WEB	ck#201	100
Wilkins Printing	<del>PRT</del> LIT 970	Printing and Mailing ck#202	1,540. <sup>55</sup>
Wilkins Printing	CMP	Buttons ck#203	62. <sup>24</sup>

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

SUBTOTAL \$ 3,802.<sup>29</sup>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 7/1/2010  
through 9/30/2010

CALIFORNIA **460**  
FORM

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NAME OF FILER

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- |   |   |   |
|---|---|---|
| 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Atascadero News 5660 EL Camino Real Atascadero CA 93422</u>	<u>PRT</u>	<u>Newspaper Ads ck#204</u>	<u>695</u>
<u>S w. Martin &amp; Associates Paso Robles, CA 93446</u>	<u>WEB</u>	<u>Domain Name and Internet hosting ck#205</u>	<u>150</u>
<u>Staples 815 EL Camino Real Atascadero, CA 93422</u>	<u>OFC</u>	<u>Office Expenses ck#206</u>	<u>88<sup>74</sup></u>

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

SUBTOTAL \$ 933<sup>74</sup>