

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p><b>RECEIVED</b> Date Stamp  OCT 18 2010</p>	<p>CALIFORNIA FORM <b>460</b></p>
	<p>Page <u>1</u> of <u>6</u></p> <p>For Official Use Only</p>
<p><b>CITY OF ATASCADERO CITY CLERK'S OFFICE</b></p>	

<p>Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u></p>	<p>Date of election if applicable: (Month, Day Year) <u>11/2/2010</u></p>
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SEE INSTRUCTIONS ON REVERSE

**1 Type of Recipient Committee** All Committees – Complete Parts 1, 2, 3, and 4.

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

**2. Type of Statement:**

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

**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 P.O. BOX)

CITY Atascadero STATE CA ZIP CODE 93422 AREA CODE/PHONE (805) 440-7557

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 93422 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 10/18/10  
 Executed on 10/18/10  
 Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

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

**CALIFORNIA  
FORM 460**

Page 2 of 6

**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>10/1/2010</u> through <u>10/16/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</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	Schedule A, Line 3	\$ <u>1,000</u>	\$ <u>7,245</u>
2 Loans Received	Schedule B, Line 3	\$ <u>0</u>	\$ <u>-500</u>
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1,000</u>	\$ <u>6,745</u>
4 Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>1,614</u>
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1,000</u>	\$ <u>8,359</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**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6 Payments Made	Schedule E, Line 4	\$ <u>605<sup>21</sup></u>	\$ <u>6,256<sup>96</sup></u>
7 Loans Made	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>605<sup>21</sup></u>	\$ <u>6,256<sup>96</sup></u>
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10 Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0</u>	\$ <u>1,614</u>
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>605<sup>21</sup></u>	\$ <u>7,870<sup>96</sup></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>5931</u>
13 Cash Receipts	Column A, Line 3 above	\$ <u>1,000-</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
15 Cash Payments	Column A, Line 8 above	\$ <u>605<sup>21</sup></u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>453<sup>60</sup></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 \$ 0

**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>10/1/2010</u> through <u>10/16/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

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)
10/5/10	David G Graham Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Enrolled Agent North County Tax, Inc.	\$ 100.-	\$ 100.-	
10/5/10	Law Offices of William Auzman	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	\$ 500.-	\$ 500.-	
10/9/10	David Sanford 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 Sanford Stone Company	\$ 200.-	\$ 200.-	
10/13/10	Larry Putnam 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 Banker	\$ 100.-	\$ 100.-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 900

**Schedule A Summary**

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

\$ 900  
\$ 100  
TOTAL \$ 1,000

\*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 10/1/2010  
through 10/16/2010

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CTE TO

I.D. NUMBER  
1245724

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 95422</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>21,424<sup>40</sup></u>	<u>0</u> \$		

**Schedule B Summary**

- 1 Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100 ) \$ 0
2. 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.) \$ 0
- 3 Net change this period. (Subtract Line 2 from Line 1 )  
Enter the net here and on the Summary Page, Column A, Line 2. NET \$ 0  
(May be a negative number)

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

†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.

