

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b>  OCT 21 2010  CITY OF ATASCADERO CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>8</u>	
For Official Use Only	

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	Date of election if applicable: (Month, Day, Year)  <u>11/2/2010</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  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1330038

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Sturtevant for City Council 2010

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  
NA

CITY STATE ZIP CODE AREA CODE/PHONE  
NA NA NA NA

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Brian Sturtevant

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Atascadero CA 93422

NAME OF ASSISTANT TREASURER, IF ANY  
Karyn Sturtevant

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Atascadero CA 93422

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 10/20/2010  
Date

Executed on 10/20/2010  
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

**CALIFORNIA  
FORM 460**

Page 2 of 8

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Brian Sturtevant

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Atascadero City Council Member

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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*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		<b>CALIFORNIA FORM 460</b>
from	10/1/2010	
through		Page <u>3</u> of <u>8</u>
		I.D. NUMBER 1330038

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant for City Council 2010

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ 697	\$ 4146
2 Loans Received	Schedule B, Line 3	2040.55	2040.55
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 2737.55	\$ 6186.55
4 Nonmonetary Contributions	Schedule C, Line 3	684	684
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 3421.55	\$ 6870.55

## 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	\$ 3132.90	\$ 5533.05
7 Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3132.90	\$ 5533.05
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10 Nonmonetary Adjustment	Schedule C, Line 3	684	684
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3816.90	\$ 6217.05

## 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
____/____/____	\$ _____
____/____/____	\$ _____

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.

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1048.85
13 Cash Receipts	Column A, Line 3 above	2737.55
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0
15 Cash Payments	Column A, Line 8 above	3132.90
16 <b>ENDING CASH BALANCE</b>	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 653.50

If this is a termination statement, Line 16 must be zero.

17 LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse	\$ 0
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 2040.55

**Schedule A  
Monetary Contributions Received**

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

Statement covers period from <u>10/1/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>10/16/2010</u>		
Page <u>4</u> of <u>8</u>		I.D. NUMBER <b>1330038</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant for City Council 2010

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)
10/15/2010	Maria Morales Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner / 7-11 @ corner of ECR and Curbaril	100	100	
10/4/2010	Sandv Silveira 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	
10/5/2010	Sandy Silveira 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	200	
		<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				
<b>SUBTOTAL \$</b>				<b>300</b>		

**Schedule A Summary**

- |   |                            |
|---|----------------------------|
| 1 Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.)                           | \$ <u>300</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100   | \$ <u>397</u>              |
| 3 Total monetary contributions received this period<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1 ) | <b>TOTAL \$ <u>697</u></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 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant for City Council 2010

I.D. NUMBER

1330038

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
Brian Sturtevant Atascadero CA 93422 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Equipment Mechanic @ Diablo Canyon / Pacific Gas and Electric Co	\$ _____	\$ <u>2040.55</u>	<input type="checkbox"/> PAID \$ _____ 0 <input type="checkbox"/> FORGIVEN \$ _____ 0	\$ <u>2040.55</u> DATE DUE _____	<u>0</u> % RATE \$ _____ 0	\$ <u>2040.55</u> <u>10/4/10</u> DATE INCURRED	CALENDAR YEAR \$ <u>2139.55</u> 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>			<b>2040.55</b>	<b>0 \$</b>	<b>2040.55 \$</b>	<b>0</b>		

**Schedule B Summary**

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

- 1 Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100 ) \$ 2040.55
- 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 \$** 2040.55  
(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.

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Sturtevant for City Council 2010

I.D. NUMBER  
1330038

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)
10/12/10	Alfred 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	Retired	Ad in the Atascadero News	348	647	
10/12/10	Kerrie McNerlin Atascadero CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager @ Wilkins Printing	Campaign Visors	336	336	
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 684**

**Schedule C Summary**

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

\$ 684  
\$ 0  
**TOTAL \$ 684**

\*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		<b>CALIFORNIA FORM 460</b>
from	10/1/2010	
through	10/16/2010	Page <u>7</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant for City Council 2010

I.D. NUMBER

1330038

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Atascadero Main Street 6550 El Camino Real Atascadero, CA 93422	CMP	Colony Days Booth Fee	100
Wilkins Printing 6405 El Camino Real Atascadero, CA 93422	CMP	Buttons	62.24
Wilkins Printing 6405 El Camino Real Atascadero, CA 93422	LIT	Mailer	2890 55

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

**SUBTOTAL \$ 3052.79**

**Schedule E Summary**

1 Itemized payments made this period (Include all Schedule E subtotals )	\$ <u>3132.90</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3 Total interest paid this period on loans. (Enter amount from Schedule B Part 1 Column (e) )	\$ <u>0</u>
4 Total payments made this period (Add Lines 1 2 and 3 Enter here and on the Summary Page Column A, Line 6 )	<b>TOTAL \$ <u>3132.90</u></b>

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/1/2010	
through	10/16/2010	Page <u>8</u> of <u>8</u>
I.D. NUMBER		1330038

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant for City Council 2010

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
All Signs 2732 El Camino Real Atascadero, CA 93422	CMP		Sign	80 11

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

**SUBTOTAL \$** 80 11