

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b>  JAN 28 2011  CITY OF ATASCADERO CITY CLERK'S OFFICE	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
Page <u>1</u> of <u>4</u>	
For Official Use Only	

Statement covers period from <u>7 1-2010</u>  through <u>12-31-2010</u>	Date of election if applicable: (Month, Day, Year)  <u>NA</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <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     | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**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<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
**1308152**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Committee To Elect Roberta Fonzi (C T E.R.F)**

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Atascadero</b>	<b>CA</b>	<b>93422</b>	<b>805-6</b>

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

**NA**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
	<b>NA</b>		

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

**Brian P Sturtevant**

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Atascadero</b>	<b>CA</b>	<b>93422</b>	<b>805-</b>

NAME OF ASSISTANT TREASURER, IF ANY

**Alfred J Fonzi II**

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Atascadero</b>	<b>CA</b>	<b>93422</b>	<b>805-</b>

OPTIONAL FAX / E-MAIL ADDRESS

**NA**

**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 1-22-2011  
Date

Executed on 1-22-2011  
Date

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

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

By   
Signature of Treasurer or Assistant Treasurer

By   
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 4

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Roberta Fonzi

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
-----------------------	---------------------

**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 from <u>7-1-2010</u>	<b>CALIFORNIA FORM 460</b>
through <u>12 31-2010</u>	
Page <u>3</u> of <u>4</u>	
I.D NUMBER 1308152	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Roberta Fonzi

## 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>0</u>	\$ <u>10</u>
2 Loans Received	Schedule B, Line 3	<u>255</u>	<u>2411 96</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>255</u>	\$ <u>265</u>
4 Nonmonetary Contributions	Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>255</u>	\$ <u>265</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	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7 Loans Made	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</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>0</u>
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</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>59 96</u>
13 Cash Receipts	Column A, Line 3 above	<u>255</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0</u>
15. Cash Payments	Column A, Line 8 above	<u>0</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>314 96</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	\$ <u>0</u>
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>2411 96</u>

**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>12-31-2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>4</u>
	I.D. NUMBER <b>1308152</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Roberta Fonzi

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
Roberta 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	\$ <u>2156 96</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>2156.96</u>  NA DATE DUE	<u>0</u> % RATE \$ <u>0</u>	\$ <u>656 96</u>  10-18-08 DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>NA</u>
Roberta 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	\$ _____	\$ <u>130</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>130</u>  NA DATE DUE	<u>0</u> % RATE \$ <u>0</u>	\$ <u>130</u>  9-27-10 DATE INCURRED	CALENDAR YEAR \$ <u>130</u> PER ELECTION** \$ <u>NA</u>
Roberta 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	\$ _____	\$ <u>125</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>125</u>  NA DATE DUE	<u>0</u> % RATE \$ <u>0</u>	\$ <u>125</u>  9-30-10 DATE INCURRED	CALENDAR YEAR \$ <u>255</u> PER ELECTION** \$ <u>NA</u>
<b>SUBTOTALS \$</b>			<b>255\$</b>	<b>0 \$</b>	<b>2411 96 \$</b>	<b>0</b>		

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

**Schedule B Summary**

- 1 Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100 ) \$ 255
- 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 \$** 255  
(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.