Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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
   - Primarily Formed Candidate/Offerholder Committee
     (Also Complete Part 5)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Controlled
   - Sponsored
     (Also Complete Part 6)
   - 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

   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 7-29-2011
   Date
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 7-29-2011
   Date
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPPC Form 460 (January/65)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent**

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
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<tr>
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Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>1640.55</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$25</td>
<td>$25</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$60</td>
<td>$60</td>
</tr>
</tbody>
</table>

### Current Cash Statement

- **Beginning Cash Balance**
  - Schedule A, Line 3 above
  - $128.45
- **Cash Receipts**
  - Column A, Line 3 above
  - $25
- **Miscellaneous Increases to Cash**
  - Schedule I, Line 4
  - $0
- **Cash Payments**
  - Column A, Line 8 above
  - $60
- **ENDING CASH BALANCE**
  - Add Lines 12 + 13 + 14, then subtract Line 15
  - $93.45

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

### Cash Equivalents and Outstanding Debts

- **Cash Equivalents**
  - See instructions on reverse
  - $0
- **Outstanding Debts**
  - Add Line 2 + Line 9 in Column B above
  - $1640.55

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*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sturtevant For City Council 2010

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<td>IND</td>
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|               |                                                                                                 | IND                 |                                                                                          |                             |                                                 |                                   |
|               |                                                                                                 | COM                 |                                                                                          |                             |                                                 |                                   |
|               |                                                                                                 | OTH                 |                                                                                          |                             |                                                 |                                   |
|               |                                                                                                 | PTY                 |                                                                                          |                             |                                                 |                                   |
|               |                                                                                                 | SCC                 |                                                                                          |                             |                                                 |                                   |

SUBTOTAL $ 0

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................. $ 0
2. Amount received this period – unitemized monetary contributions of less than $100 ................................................. $ 25
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................. TOTAL $ 25

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule B - Part 1

**Loans Received**

**NAME OF FILER**
Sturtevant For City Council 2010

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**
Brian Sturtevant
Atascadero, CA 93422

- **Occupation and Employer**
  - Equipment Mechanic @ Diablo Canyon / Pacific Gas and Electric Co.

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)**
- IND: 
- COM: 
- OTH: 
- PTY: 
- SCC: 

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**
- $1640.55

**AMOUNT PAID OR FORGIVEN THIS PERIOD**
- □ Paid
  - $0
- □ Forgiven
  - $0

**AMOUNT PAID OR FORGIVEN AT CLOSE OF THIS PERIOD**
- NA

**INTEREST PAID THIS PERIOD**
- 0

**ORIGINAL AMOUNT OF LOAN**
- $2040.55

**CALCULATED CUMULATIVE CONTRIBUTIONS TO DATE**
- 0

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTSTANDING BALANCE BEGINNING THIS PERIOD</td>
<td>AMOUNT PAID OR FORGIVEN THIS PERIOD</td>
<td>AMOUNT PAID OR FORGIVEN AT CLOSE OF THIS PERIOD</td>
<td>INTEREST PAID THIS PERIOD</td>
<td>ORIGINAL AMOUNT OF LOAN</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION</td>
</tr>
<tr>
<td>$1640.55</td>
<td>$0</td>
<td>NA</td>
<td>0</td>
<td>$2040.55</td>
<td>0</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$10-4-10</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
<td>$10-4-10</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

**SUBTOTALS**
- $0
- $0
- $1640.55

**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.)**
   NET $0

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

**Contributor Codes**
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E
Payments Made

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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL T.V. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

AMOUNT PAID

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

SUBTOTAL $0

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $0
2. Unitemized payments made this period of under $100 $60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $60

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