Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

A For Official Use Only

RECEIVED
Date
OCT - 4 2010
TOWN CLERK'S DEPT

Statement covers period	Date of Election if applicable
from 01/01/2010	(Month, Day, Year)
through 09/30/2010	11/02/2010

1. Type of Recipient Committee:

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- [x] Pre-election Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1332344

COMMITTEE NAME: Fred Aldred For Town Council 2010

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Paradise | STATE: CA | ZIP CODE: 95969 | AREA CODE/PHONE: [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS: ( ) /

Treasurer(s)

NAME OF TREASURER: Kathleen Dwyer

MAILING ADDRESS: [redacted]

CITY: Paradise | STATE: CA | ZIP CODE: 95969 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY: Kelly Lawler

MAILING ADDRESS: [redacted]

CITY: Willows | STATE: CA | ZIP CODE: 95988 | AREA CODE/PHONE: [redacted]

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 10/04/2010 (DATE) By _____

Executed on 10/04/2010 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on 10/04/2010 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on 10/04/2010 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Fred Aldred

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

Town Council, Town of Paradise

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP CODE

[redacted] | Paradise | CA | 95969

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
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?
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	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Campaign Disclosure Statement
Summary Page

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM **460**

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,099.00	$ 2,099.00
2. Loans Received	*Schedule B, Line 7*	100.00	100.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,199.00	$ 2,199.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,199.00	$ 2,199.00

Expenditures Made

6. Cash Payments	*Schedule E, Line 4*	$ 0.00	$ 0.00
7. Loans Made	*Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 0.00	$ 0.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	2,199.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.10
15. Cash Payments	*Column A, Line 8 above*	0.00
16. **ENDING CASH BALANCE**	*Lines 12+13+14, less Line 15*	$ 2,199.10

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents $ 0.00

19. Outstanding Debts *Add Line 2 + Line 9 in Column C above* $ 100.00

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	$ 0	0
21. Expenditures Made	$ 0	0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM **460**

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

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)
09/20/2010	Marianne Bachus [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
09/20/2010	Charles G. Bird [redacted] Chico, CA 95973	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
09/20/2010	J.R. Canaguier [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
09/20/2010	Ron Clark [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Ron's Wheel & Brake	100.00	100.00	
08/25/2010	Ray Dalton [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Ray Dalton Construction	100.00	100.00	
			SUBTOTAL $	500.00	[redacted]	

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 1,650.00
2. Amount received this period - unitemized monetary contributions of less than $100.
   ..... $ 449.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 2,099.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM 460

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

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)
09/20/2010	Benedict DiDuca [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Bendict C. DiDuca	100.00	100.00	
09/20/2010	Lillian DiDuca [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
09/20/2010	Kathleen Dwyer [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banker Wells Fargo	100.00	100.00	
08/13/2010	Eldercare Solutions, LLC [redacted] Chico, CA 95928	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	
09/20/2010	Nicki Jones [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Heaven Scent	100.00	100.00	
09/20/2010	Mark C. Seufert Construction [redacted] Paradise, CA 95969	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	

SUBTOTAL $ 600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM 460

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

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)
09/20/2010	Ridge Construction [redacted]ve Paradise, CA 95969	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
09/20/2010	Charlie Swim [redacted]e Pardise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
08/31/2010	Paul Walters [redacted]d Oroville, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
08/27/2010	David Weilein [redacted]e Chico, CA 95973	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	100.00	100.00	
09/20/2010	Elaine Woodworth [redacted] Paradise, CA 95969	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Travel Connection	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	550.00		

Schedule B - Part I
Loans Received

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM 460

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

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
Fred Aldred [redacted]Y Paradise, CA 95969 ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Candidate	$ 0	$ 100	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 100 06/30/2011 DATE DUE	0.000 % RATE $ 0	$ 100 08/10/2010 DATE INCURRED	CALENDAR YEAR $ 100 PER ELECTION $ 100 P10
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION $
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION $
	SUBTOTAL	$ 100.00	$ 0.00	$ 100.00		$ 0.00		

Schedule B Summary

1. Loans received this period ..... $ 100.00
   (Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET $** 100.00
   Enter the net here and on the Summary Page, Column A, Line 2

Schedule I
Miscellaneous Increases to Cash

Statement covers period
from 01/01/2010
through 09/30/2010

CALIFORNIA FORM **460**

NAME OF FILER Fred Aldred, Fred Aldred For Town Council 2010

I.D. NUMBER 1332344

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL $ 0.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash under $100 this period. ..... $ 0.10
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** **$** 0.10