

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

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OCT - 5 2010

TOWN CLERK'S DEPT

CALIFORNIA 460

2001/02 FORM

Page 1 of 9

For Official Use Only

Statement covers period

from 07/01/2010

through 09/30/2010

Date of election if applicable
(Month, Day, Year)

11/02/2010

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
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1331257

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to elect Ward Habriel to Town Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969

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

Michael F. Shores

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Magalia CA 95954

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 complete.

Executed on 09/30/2010
Date

By _____

Executed on 09/30/2010
Date

By _____
Signature

Title Officer of Sponsor

Executed on 09/30/2010
Date

By _____

Title

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

A. Ward Habel

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

Town of Paradise Town Council

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

Paradise, CA 95969

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 with 2 columns: COMMITTEE NAME, I.D. NUMBER

Table with 2 columns: NAME OF TREASURER, CONTROLLED COMMITTEE? (YES/NO)

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER

Table with 2 columns: NAME OF TREASURER, CONTROLLED COMMITTEE? (YES/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

Table with 3 columns: BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPOSE checkboxes

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Table with 2 columns: 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.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPOSE checkboxes

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPOSE checkboxes

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPOSE checkboxes

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPOSE checkboxes

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>07/01/2010</u>	CALIFORNIA FORM 460
through <u>09/30/2010</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1331257</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel 07/01/2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>2245.00</u>	\$ <u>2245.00</u>
2. Loans Received Schedule B, Line 3	<u>700.00</u>	<u>700.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>2945.00</u>	\$ <u>2945.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>450.00</u>	<u>450.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3395.00</u>	\$ <u>3395.00</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>2664.09</u>	\$ <u>2664.09</u>
7. Loans Made Schedule H, Line 3	<u>700.00</u>	<u>700.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3364.09</u>	\$ <u>3364.09</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	<u>450.00</u>	<u>450.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>3364.09</u>	\$ <u>3364.09</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>558.00</u>
13. Cash Receipts Column A, Line 3 above	<u>2945.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	<u>3364.09</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>138.91</u>

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>00.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>700.00</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>A. Ward Habriel</u> <u>07/01/2010</u>	I.D. NUMBER <u>1331257</u>
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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)
09/30/2010	Jan Cayot ██████████ Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/30/2010	E.M. Burkett ██████████ Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/14/2010	Stephen A. Schuster ██████████ Chico, CA 95973	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/26/2010	David C. Favor ██████████ Chico, CA 95927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/31/2010	W.A. Carleton ██████████ Chico, CA 95927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>500.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>500.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>500.00</u>

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>9</u>

NAME OF FILER A. Ward Habriel 07/01/2010	I.D. NUMBER 1331257
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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)
08/31/2010	The Safor Corporation [REDACTED] Chico, CA 95927	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Fortino The Safor Corporation	250.00	250.00	
09/15/2010	Hwy 70 Industrial Park [REDACTED] Oroville, CA 95965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
09/14/2010	E.M. West [REDACTED] Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
		<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				
SUBTOTAL \$				1250.00		

*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 <u>07/01/2010</u> through <u>09/30/2010</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>9</u>
I.D. NUMBER 1331257	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel 07/01/2010

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
A. Ward Habriel ██████████ Paradise, CA 95969		\$ 700.00	\$ 700.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 700.00 11/30 DATE DUE	0 % RATE \$ 00.00	\$ 700.00 09/30 DATE INCURRED	CALENDAR YEAR \$ 700.00 PER ELECTION** \$ 700.00
† <input checked="" 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** \$ _____
† <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** \$ _____
SUBTOTALS \$							\$	\$

Schedule B Summary

1. Loans received this period \$ 700.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 00.00
(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 \$ 700.00**
Enter the net here and on the Summary Page, Column A, Line 2. (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.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>9</u>		
NAME OF FILER A. Ward Habel 07/01/2010		I.D. NUMBER 1331257

SEE INSTRUCTIONS ON REVERSE

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)
09/30/10	Friends of Ward Habel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food, wine, music	450.00	450.00	
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	450.00	

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	450.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	450.00
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.)	TOTAL \$	450.00

*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.

SCHEDULEE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2010	
through	09/30/2010	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
A. Ward Habriel 07/01/2010		1331257

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB 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
Dan Flowers	CMP	Payment for Banner	75.00
Cedar Creek ██████████ Paradise, CA 95969	LIT	Mailers	1077.09
Cedar Creek ██████████ Paradise, CA 95969	POS	Postage	1518.00

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

SUBTOTAL \$ 2670.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3163.84
2. Unitemized payments made this period of under \$100	\$	00.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	00.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	3163.84

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

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2010	
through	09/30/2010	Page <u>9</u> of <u>9</u>
		I.D. NUMBER 1331257

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel 07/01/2010

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | 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
Town of Paradise	FIL	Filing fees to Town of Paradise	450.00
Costco	POS	Postage Stamps	43.75

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

SUBTOTAL \$ 493.75

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED

OCT 12 2010

TOWN CLERK'S DEPT

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

<p style="text-align: center;">Statement covers period</p> <p>from <u>01/01/2010</u></p> <p>through <u>09/30/2010</u></p>	<p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>11/02/2010</u></p>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|
- Original submission was filed on outdated form and some information was missing.

3. Committee Information

I.D. NUMBER
1331257

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to elect Ward Habriel to Town Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Paradise</u>	<u>CA</u>	<u>95969</u>	<u>[REDACTED]</u>

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

Michael F. Shores

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Magalia</u>	<u>CA</u>	<u>95954</u>	<u>[REDACTED]</u>
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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 10/11/2010
Date

By [REDACTED]

Executed on 10-12-10
Date

By [REDACTED]
Signature of Officer of Sponsor

Executed on 10/11/2010
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

A, Ward Habel

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

Town of Paradise Town Council

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

Paradise, CA 95969

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

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

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>01/01/2010</u>	CALIFORNIA FORM 460
through <u>09/30/2010</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER 1331257

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A, Ward Habel

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>2970.00</u>	\$ <u>2970.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>00.00</u>	<u>00.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>2970.00</u>	\$ <u>2970.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>450.00</u>	<u>450.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>3420.00</u>	\$ <u>3420.00</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 <i>Schedule E, Line 4</i>	\$ <u>3163.84</u>	\$ <u>3163.84</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>00.00</u>	<u>00.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3163.84</u>	\$ <u>3163.84</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>00.00</u>	<u>00.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>450.00</u>	<u>450.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3613.84</u>	\$ <u>3613.84</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 <i>Previous Summary Page, Line 16</i>	\$ <u>00.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>3670.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>00.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>3163.84</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>506.16</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* \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2010</u> through <u>09/30/2010</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A, Ward Habel

I.D. NUMBER

1331257

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)
09/30/2010	Jan Cayot ██████████ Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/30/2010	E.M. Burkett ██████████ Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/14/2010	Stephen A. Schuster ██████████ Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/26/2010	David C. Favor ██████████ Chico, CA 95927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/31/2010	W.A. Carleton ██████████ Chico, CA 95927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	

SUBTOTAL \$ 500.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>2750.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>220.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>2970.00</u>

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>09/30/2010</u>		
Page <u>5</u> of <u>9</u>		I.D. NUMBER <u>1331257</u>

NAME OF FILER

A, Ward Habel

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)
09/30/2010	The Safor Corporation [REDACTED] Chico, CA 95927	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Fortino The Safor Corporation	250.00	250.00	
09/15/2010	Hwy 70 Industrial Park [REDACTED] Oroville, CA 95965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
09/14/2010	E.M. West [REDACTED] Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
		<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				

SUBTOTAL \$ 1350.00

*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 01/01/2010 through 09/30/2010	CALIFORNIA FORM 460
	Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A, Ward Habel

I.D. NUMBER

1331257

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
A. Ward Habel [REDACTED] Paradise, CA 95969	Retired	\$ 700.00	\$ 700.00	<input checked="" type="checkbox"/> PAID \$ -700.00 <input type="checkbox"/> FORGIVEN	\$ 00.00	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
[†] <input checked="" 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	\$ _____	_____% RATE	\$ _____	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	\$ _____	_____% RATE	\$ _____	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	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$		700.00 \$.700.00 \$	00.00 \$	00.00 \$			

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

Schedule B Summary

- Loans received this period \$ 700.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -700.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 00.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(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.

SCHEDULE C

Statement covers period from <u>01/01/2010</u> through <u>09/30/2010</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>
I.D. NUMBER 1331257	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

A, Ward Habel

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)
09/30/10	Friends of Ward Habel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food, wine, music and meeting facility	450.00	450.00	
		<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					
		<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 \$ 450.00**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 00.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 450.00
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.)	TOTAL \$ 450.00

*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 from 01/01/2010 through 09/30/2010	CALIFORNIA FORM 460
	Page 8 of 9
	I.D. NUMBER 1331257

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A, Ward Habel

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB 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
Dan Flowers	CMP	Payment for banner	75.00
Cedar Creek [REDACTED] Paradise, CA 95969	LIT	Mailers	1077.09
Cedar Creek [REDACTED] Paradise, CA 95969	POS	Postage for mailers	1518.00

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

SUBTOTAL \$ 2670.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3163.84
2. Unitemized payments made this period of under \$100	\$ 00.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 00.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3163.84

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	09/30/2010	Page <u>9</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
A, Ward Habel		1331257

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A, Ward Habel

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | 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
Town of Paradise	FIL		Filing fees to Town of Paradise	450.00
Costco	POS		Postage stamps	43.75

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

SUBTOTAL \$ 493.75

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

RECEIVED

OCT 26 2010

TOWN CLERK'S DEPT

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

<p style="text-align: center;">Statement covers period</p> <p>from <u>10/1/10</u></p> <p>through <u>10/10/10</u></p>	<p style="text-align: center;">Date of election if applicable (Month, Day, Year)</p> <p style="text-align: center;"><u>11/02/10</u></p>
--	---

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1331257

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to elect Ward Habriel to Town Council 2010

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY <u>Paradise</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>	AREA CODE/PHONE [REDACTED]
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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
Michael F. Shores

MAILING ADDRESS
[REDACTED]

CITY <u>Magalia</u>	STATE <u>CA</u>	ZIP CODE <u>95954</u>	AREA CODE/PHONE [REDACTED]
------------------------	--------------------	--------------------------	---

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 _____ Date	By _____
Executed on <u>10/26/10</u> Date	By _____ or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Responsible Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
A. Ward Habriel

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Town of Paradise Town Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Paradise CA 95969

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

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
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>10/1/10</u> through <u>10/16/10</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER <u>1331257</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel

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>422⁰⁰</u>	\$ <u>3392⁰⁰</u>
2. Loans Received Schedule B, Line 3	\$ <u>0⁰⁰</u>	\$ <u>0⁰⁰</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>422⁰⁰</u>	\$ <u>3392⁰⁰</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0⁰⁰</u>	\$ <u>450⁰⁰</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ <u>3842⁰⁰</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>0⁰⁰</u>	\$ <u>3163⁸⁴</u>
7. Loans Made Schedule H, Line 3	\$ <u>0⁰⁰</u>	\$ <u>0⁰⁰</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0⁰⁰</u>	\$ <u>3163⁸⁴</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0⁰⁰</u>	\$ <u>0⁰⁰</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0⁰⁰</u>	\$ <u>450⁰⁰</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0⁰⁰</u>	\$ <u>3613⁸⁴</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>506¹⁶</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>422⁰⁰</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0⁰⁰</u>
15. Cash Payments Column A, Line 8 above	\$ <u>0⁰⁰</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>928¹⁶</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	\$ <u>0⁰⁰</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0⁰⁰</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0⁰⁰</u>

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/1/10
through 10/16/10

CALIFORNIA FORM 460

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I.D. NUMBER
1331257

INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel

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)
<u>01/1/10</u>	<u>The Safor Corporation</u> <u>Chico CA 95927</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Robert Fortino</u> <u>The Safor Corp.</u>	<u>100⁰⁰</u>	<u>350⁰⁰</u>	
		<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				
		<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				

SUBTOTAL \$ 100⁰⁰

Schedule A Summary

Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 100⁰⁰

Amount received this period – unitemized monetary contributions of less than \$100 \$ 322⁰⁰

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 422⁰⁰

*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 <u>10/1/10</u> through <u>10/16/10</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>9</u>	I.D. NUMBER <u>1331257</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel

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
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	_____ % RATE	\$ _____	\$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	_____ % RATE	\$ _____	\$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	_____ % RATE	\$ _____	\$ _____ PER ELECTION** \$ _____
SUBTOTALS \$									

Schedule B Summary

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

- Loans received this period \$ 0⁰⁰
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0⁰⁰
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0⁰⁰
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

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

Statement covers period from <u>10/1/10</u> through <u>10/16/10</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>9</u>
I.D. NUMBER <u>1331257</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$						<u>000</u>
						Enter on Summary Page, Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 10/1/10
through 10/16/10

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

A. Ward Hubriel

I.D. NUMBER
1331257

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)
		<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					
		<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 \$ 0.00

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.) **TOTAL \$** 0.00

*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 from <u>10/1/10</u>	CALIFORNIA FORM 460
through <u>10/16/10</u>	
Page <u>8</u> of <u>9</u>	
I.D. NUMBER <u>1331257</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
A. Ward Habriel

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

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

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

SUBTOTAL \$ 0.00

Schedule E Summary

- | | |
|--|-----------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ _____ |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>0.00</u> |

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 10/1/10
through 10/10/10

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A. Ward Habriel

I.D. NUMBER

1331257

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	\$	\$	\$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0⁰⁰
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0⁰⁰
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0⁰⁰
May be a negative number.