Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Type or print in ink.			EIV	CALIFORNIA 460		
•	,	Stat	ement covers period 07/01/05	Date of election if applicable: (Month, Day, Year)	ZOOF JAN 3	3 P 12:	For Official Use Only		
SE	E INSTRUCTIONS ON REVERSE	through	12/31/05		CATY OF F	DANA POIN	POINT		
1.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.			2. Type of Statement:					
	☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Committee Controlle Sponsor (Also Complete I	ed en 6) med Candidate/ Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Quarterty Sta Special Odd- Supplementa Statement - A	-Year Report		
3.	Committee Information	I.D. NUMBER 1226179		Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER						
	Clean Beaches Coalition			Everett David Busk					
				PO Box 3660					
	STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	24843 Del Prado Ste 262			Dana Point	CA	92629	(949) 348-1553		
		2IP CODE 92629	AREA CODE/PHONE (949) 348-1553	NAME OF ASSISTANT TREASU	RER, IF ANY				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			MAILING ADDRESS					
	CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDI	RESS				
4.	Verification I have used all reasonable diligence in preparing and reunder penalty of perjury under the laws of the State of Control of Date Executed on	viewing this staten alifornia that the fo	By Signature of Co	Signature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure Processing Officeholder, Can	Tressurer popularit or Responsible Officer of		ue and complete. I certify		
	Executed on		Ву	Signature of Controlling Officeholder Candidate S	tate Measure Proponent				

Campaign	Disclosure	Statement
Summary F	^o age	

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

SUMMARY PAGE Statement covers period **CALIFORNIA** 07/01/05 **FORM** from _ 12/31/05 through _

I.D. NUMBER

1226179

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Clean Beaches Coalition

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ \$ ____ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 285.00 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 142.50 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 285.00 Date of Election Total to Date (mm/dd/vv) 142.50 285.00 **Current Cash Statement** 305.29 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column 8, add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column 8. report. Some amounts in 142.50 Column A may be negative 162.79 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		from	Statement covers period		CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tinough		I.D. NU	
Clean Beaches Coalition						12261	79
CODES: If one of the following codes accurately describes 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	ber communications itings and appearances e expenses on circulating te banks ag and survey research age, delivery and messenger services essional services (legal, accounting)			rwise, describe the payment. 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 cand VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR .	DESCRIPTION	OF PAYMENT		AMOUNT PAID
City of Dana Point 33282 Golden Lantern Dana Point CA 92629			late filing fee	•			142.50
* Payments that are contributions or independent expenditures n	must also be summ	arized on So	chedule D.		S	SUBTOTAL	\$ 142.50
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	142.50

142.50