

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from SEPT. 22, 2013 through OCT 19, 2013

Date of election if applicable: (Month, Day, Year) NOV. 5, 2013



CALIFORNIA FORM **460**
Page 1 of 2
For Official Use Only

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

- Officeholder, Candidate Controlled Committee
- Primarily Formed Ballot Measure Committee**
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement**
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 1360166

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE FOR YES ON ATHERTON MEASURE X

Treasurer(s)

NAME OF TREASURER
PHILIP D. LIVELY
MAILING ADDRESS
[REDACTED]

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

CITY ATHERTON, STATE CA. ZIP CODE 94027 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 611,

CITY MENLO PARK, STATE CA. ZIP CODE 94026 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY ATHERTON, STATE CA. ZIP CODE 94027 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 10/24/13 By [Signature]
Date Date Signature of Treasurer or Assistant Treasurer

Executed on _____ By _____
Date Date Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Date Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Date Signature of Controlling Officer/holder, 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 _____

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

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

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

CITY STATE ZIP CODE AREA CODE/PHONE _____

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
TOWN OF ATHERTON, PARCEL TAX, MEASURE X

BALLOT NO. OR LETTER **X** JURISDICTION **TOWN OF ATHERTON** 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 List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <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

CALIFORNIA
FORM **460**

Statement covers period
from SEPT. 22, 2013
through OCT. 19, 2013

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I.D. NUMBER
1360166

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE FOR YES ON AFTERTON MEASURE X, @)1#

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 3286	\$ 6307
2. Loans Received	Schedule B, Line 3 3286	6307
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6307	6307
4. Nonmonetary Contributions	Schedule C, Line 3 3286	6307
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3286	\$ 6307

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

6. Payments Made	Schedule E, Line 4 3114	3605
7. Loans Made	Schedule H, Line 3 3114	3605
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3114	\$ 3605
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 3114	3605
10. Nonmonetary Adjustment	Schedule C, Line 3 3114	3605
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3114	\$ 3605

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2530
13. Cash Receipts	Column A, Line 3 above 3286
14. Miscellaneous Increases to Cash	Schedule I, Line 4 3114
15. Cash Payments	Column A, Line 8 above 2702
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2702

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

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.

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from SEPT 02, 2013
through OCT. 19, 2013

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I.D. NUMBER
1360166

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE FOR YES ON AHERTON MEASURE X, 2013

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)
	SEE ATTACHED PAGE FOR ITEMIZED CONTRIBUTIONS	<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 \$				1948		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 1948
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1338
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3286

*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

COMMITTEE FOR YES ON ATHERTON MEASURE X, 2012, ID #1360166
CALIFORNIA FORM 460, SCHEDULE A, CONTRIBUTIONS ITEMIZED

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NAME	ADDRESS	CLASS	EMPL	CO.	AMOUNT
B. RODRIGUES	[REDACTED] ATHERTON, CA. 04027	IND	OWN	CONCRETE CO.	100
M. OSTER	[REDACTED] ATHERTON, CA. 94027	IND	HOME	---	200
D.M. FISHER	[REDACTED] ATHERTON, CA. 94027	IND	HOME	----	150
J.LAW	[REDACTED] ATHERTON, CA. 94027	IND	RET.	---	200
K. FRANKLIN	[REDACTED] ATHERTON, CA. 94-27	IND	RET	----	200
L. BRONSON	[REDACTED] ATHERTON, CA. 94027	IND	HOME	----	250
W. SPIEKER, JR.	[REDACTED] ATHERTON, CA 94027	IND	PROP MGR.	SPIEKER CO.	198
S. KAPLAN	[REDACTED] ATHERTON, CA. 04027	IND	RER	----	100
A.J. THIBAUT	[REDACTED] ATHERTON, CA. 944027	IND	RET	----	350
R.R. ROSER	[REDACTED] ATHERTON, CA. 94027	IND	RET	----	200

TOTAL ITEMIZED CONTRIBUTIONS, SEPT 22, 2013 THRU OCT 19, 2013=
COMMITTEE FOR YES ON ATHERTON MEASURE X, 2013

\$1948

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

COMMITTEE FOR YES ON AFTERTON MEASUR X, 2013

1360166

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEGG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv 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 ENTERED, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WILMEX COMPANY, INC \$978 MISSION STREET SAN FRANCISCO, CA. 94112 94112	OMP		SIGNS	491
CRAFTSMEN PRINTING 6660 VIA DEL ORO SAN JOSE, CA. 95119	OMP		MATTER	781
USPS OAK GROVE STATION, MENDOC PARK, CA. 94015	POS		POSTAGE	690
SUBTOTAL \$ 1962				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3064
2. Unitemized payments made this period of under \$100 \$ 50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 000
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3114

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

Type or print in ink.
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SCHEDULE E (CONT.)

CALIFORNIA
FORM **460**

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NAME OF FILER **COMMITTEE FOR YES ON AHERNTON MEASURE, 2013**

I.D. NUMBER
1360166

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | 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 | tv. 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 |
| LT | 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
EMBARCADERO MEDIA 450 CAMBRIDGE AVE. PALO ALTO, CA.	PRT		ALMANAC AD	1102

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1102**