

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM</b>	<b>460</b>
RECEIVED	Page <u>1</u> of <u>6</u>	
2009 SEP 24 P 4:46	For Official Use Only	
REGISTRAR OF VOTERS COUNTY CLERK		

Statement covers period from <u>July 1, 2009</u>  through <u>September 19, 2009</u>	Date of election if applicable: (Month, Day, Year)  <u>November 3, 2009</u>
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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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
|---|---|

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
not yet received

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Scott A Dick

STREET ADDRESS (NO P.O. BOX)

630 Country Club Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carmel Valley</u>	<u>CA</u>	<u>93924</u>	<u>831-659-4013</u>

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

PO Box 484

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carmel Valley</u>	<u>CA</u>	<u>93924</u>	<u>831-659-4013</u>

OPTIONAL: FAX / E-MAIL ADDRESS

scott@scottdickshow.com

**Treasurer(s)**

NAME OF TREASURER

Scott A Dick

MAILING ADDRESS

PO Box 484

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carmel Valley</u>	<u>CA</u>	<u>93924</u>	<u>831-659-4013</u>

NAME OF ASSISTANT TREASURER, IF ANY

n/a

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 September 24, 2009

Executed on September 24, 2009

Executed on \_\_\_\_\_

Executed on \_\_\_\_\_

By Scott A Dick  
Signature of Treasurer or Assistant Treasurer

By Scott A Dick  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Scott A Dick
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Carmel Valley Town Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 630 Country Club Dr. Carmel Valley CA 93924

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, 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
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.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose 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>July 1, 2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>September 19, 2009</u>		
Page <u>3</u> of <u>6</u>		I.D. NUMBER not yet received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Scott A Dick

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>184.00</u>	\$ _____
2. Loans Received	Schedule B, Line 3	<u>570.56</u>	<u>570.56</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>754.56</u>	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>754.56</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	\$ _____	\$ _____

<b>Expenditures Made</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ <u>480.65</u>	\$ _____
7. Loans Made	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>480.65</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>0</u>	_____
11. TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>480.65</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>0</u>
13. Cash Receipts	Column A, Line 3 above	<u>754.56</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0</u>
15. Cash Payments	Column A, Line 8 above	<u>480.65</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>273.91</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).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

\*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

Statement covers period from <u>July 1, 2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>September 19, 2009</u>	
Page <u>4</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Scott A Dick</b>	I.D. NUMBER not yet received
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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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 184.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 184.00

\*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 July 1, 2009  
through September 19, 2009

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott A Dick

I.D. NUMBER

not yet received

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
Scott A Dick Carmel Valley, CA 93924  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired Army officer	\$ 445.56	\$ 445.56	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 445.56 DATE DUE _____	0% RATE	\$ 445.56 8/06/09 DATE INCURRED	CALENDAR YEAR \$ 445.56 PER ELECTION** \$ _____
Scott A Dick Carmel Valley, CA 93924  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired Army officer	\$ 125	\$ 570.56	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 570.56 DATE DUE _____	0% RATE	\$ 125 8/26/09 DATE INCURRED	CALENDAR YEAR \$ 570.56 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** \$ _____
<b>SUBTOTALS \$</b>						\$	\$	\$

**Schedule B Summary**

- (Enter (e) on Schedule E, Line 3)
- Loans received this period ..... \$ 570.56  
(Total Column (b) plus unitemized loans of less than \$100.)
  - Loans paid or forgiven this period ..... \$ 0  
(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 \$** 570.56  
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 E  
Payments Made**

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

Statement covers period from <u>July 1, 2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>September 19, 2009</u>	
Page <u>6</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott A Dick

I.D. NUMBER

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**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
Monterey County Elections Board	FIL	Candidate Statement	445.56

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	445.56
2. Unitemized payments made this period of under \$100 .....	\$	35.09
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<b>480.65</b>