

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <i>8/12/11</i>	CALIFORNIA 2001/02 FORM
Page <u>1</u> of <u>2</u>	
For Official Use Only	

Statement covers period from <u>January 1, 2011</u> through <u>June 30, 2011</u>	Date of election if applicable: (Month, Day, Year) _____
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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
<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"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input checked="" 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
1314195

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

DENISE ATHAS FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

820 GRANT AVENUE, NOVATO CA 94945

CITY STATE ZIP CODE AREA CODE/PHONE
(415) 898-5041

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) KIMBERLY KASELIONIS

NAME OF TREASURER

124 WILD HORSE VALLEY ROAD

MAILING ADDRESS

NOVATO, CA 94947 (415) 328-2360

CITY STATE ZIP CODE AREA CODE/PHONE

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 8/12/11
Date

Executed on 8/12/11
Date

Executed on _____
Date

Executed on _____
Date

By *[Signature]*
Signature of Treasurer or Assistant Treasurer

By *M. Denise Athas*
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

Disclosure Statement

Page

for: Denise Athas for City Council
1314195

Statement covers period		Form 460
from	<u>January 1, 2011</u>	
through	<u>June 30, 2011</u>	Page 2
		of 2

Contributions Received	Column A		Column B	
	TOTAL THIS PERIOD		CALENDAR YEAR	
Contributions Received	Schedule A, Line 3	\$ -	\$	400.00
	Schedule B, Line 3	-		-
TOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -	\$	400.00
Retary Contributions	Schedule C, Line 3	-		-
CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -	\$	400.00

Payments Made				
Payments Made	Schedule E, Line 4	\$ -	\$	-
Retary	Schedule H, Line 3	-		-
TOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ -	\$	-
Expenses (Unpaid Bills)	Schedule F, Line 3	-		-
Retary Adjustment	Schedule C, Line 3	-		-
EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ -	\$	-

Cash Statement				
Beginning Cash Balance	Previous Summary Page, Line 16	\$	3,833.31	
Receipts	Column A, Line 3 above		-	
Discontinuous Increases to Cash	Schedule I, Line 4		-	
Payments	Column A, Line 8 above		-	
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,833.31	

Retary statement, Line 16 must be zero.

GUARANTEES RECEIVED	Schedule B, Part 2	\$	-
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Liabilities and Outstanding Debts				
Liabilities	See instructions on reverse	\$	-	
Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	-	