

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<b>FILE</b> IN SAN BENITO COUNTY AUG - 2 2010 JOE PAUL GONZALEZ, COUNTY CLERK BY _____ DEPUTY CLERK	Date Stamp <b>CALIFORNIA 460</b> 2001/02 FORM
	Page _____ of _____ For Official Use Only ENOG 100630

Statement covers period  
 from January 1, 2010  
 through June 30, 2010

Date of election if applicable:  
 (Month, Day, Year)  
3/2004

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER

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

Committee Against Measure G  
 Farmers and Citizens to Protect Our Agricultural Heritage

STREET ADDRESS (NO P.O. BOX)

c/o 530 San Benito Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hollister	CA	94023	(831) 637-4929

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Annette Giacomazzi

MAILING ADDRESS

4770 Santa Ana Valley Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hollister	CA	95023	(831) 637-7367

NAME OF ASSISTANT TREASURER, IF ANY

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 August 2, 2010  
 Date

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

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

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

By \_\_\_\_\_  
 Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
 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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>January 1, 2010</u> through <u>June 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee Against Measure G

<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	\$ _____	\$ _____
2. Loans Received .....	Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions .....	Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ _____ 0	\$ _____ 0

<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

<b>Expenditures Made</b>		<b>Column A</b>	<b>Column B</b>
6. Payments Made .....	Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made .....	Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment .....	Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ _____ 0	\$ _____ 0

<b>Expenditure Limit Summary for State Candidates</b>		
<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

<b>Current Cash Statement</b>		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ _____
13. Cash Receipts .....	Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	_____
15. Cash Payments .....	Column A, Line 8 above	_____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____ 4,299.27

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