

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE
CALIFORNIA 460
FORM

Statement covers period
from 1/1/2020
through 6/30/2020

Date of election if applicable:
(Month, Day, Year)
JUL 7 2020

RECEIVED
Date Stamp
JUL 7 2020
BY: Freyes

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SEE INSTRUCTIONS ON REVERSE

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

- Officeholder Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Athertonians Oppose Special Parcel Tax

ID. NUMBER

Treasurer(s)

NAME OF TREASURER
Howard Crittenden
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Atherton CA 94027 [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
Atherton CA 94027 [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL 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 7-2-2020
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By: [Signature]
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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2020
through 6/30/2020

CALIFORNIA
FORM **460**

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I.D. NUMBER
1398870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Athertonians Oppose Special Parcel Tax

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

Expenditures Made

6. Payments Made	\$ 0	\$ 0
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 0	\$ 0

Current Cash Statement

12. Beginning Cash Balance	\$ 4094	
13. Cash Receipts		
14. Miscellaneous Increases to Cash		
15. Cash Payments		
16. ENDING CASH BALANCE	\$ 4094	

Loan Guarantees Received

17. LOAN GUARANTEES RECEIVED	\$	
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$	
19. Outstanding Debts	\$ 5000	

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*		Total to Date
Date of Election (mm/dd/yy)		

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 B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2020 through 6/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Athertons Oppose Special Parcel Tax**

I.D. NUMBER
1398870

FULL NAME, STREET ADDRESS AND ZIP CODE (IF CONTRIBUTOR, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD (a)	AMOUNT RECEIVED THIS PERIOD (b)	AMOUNT PAID OR FORGIVEN THIS PERIOD (c)		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)	INTEREST PAID THIS PERIOD (e)	ORIGINAL AMOUNT OF LOAN (f)	CUMULATIVE CONTRIBUTIONS TO DATE (g)
				PAID	FORGIVEN				
Howard Crittenden Atherton, CA 94027	Crittenden & Associates	\$ 5000	\$	\$ 0	\$ 0	\$ 5000	0 %	\$ 5000	\$ 5000
<input checked="" 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**
<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**
<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**
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 0	\$ 5000	\$ 0		

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period \$ 0
(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 \$ 0**
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
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.