Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in lnk.			ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	statement covers period from Jan. 1,2010 through June 30,2010	(Month, Day, Year)	CLERK DEPARTMENT OF THOUSAND OAKS	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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 (Also file a Form 410 Term ☐ Amendment (Explain below	Suppleme Statement	Statement dd-Year Report Intal Preelection In Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Claudia Bill-de la Teixa STREET ADDRESS (NO P.O. BOX) GITY STATE ZIP CI	Lestale Village CA ODE AREA CODE/PHONE 361 805/660-6707 BOX	Treasurer(s) NAME OF TREASURER A LA	3, 7, 100	AREA CODE/PHONE SOS/660-6707 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on 07/27/20/0 Executed on 07/27/20/0 Date Executed on Date	BySignature of Control	OPTIONAL: FAX / E-MAIL ADDRESS pledge the information contained herein Signature of Theasurer Passistant Treat pulling Officeholder, Candidate, State Measure Propone ignature of Controlling Officeholder, Candidate, State N	n and in the attached schedules is surer ent or Responsible Officer of Sponsor	true and complete. I certify
Executed on	Ву	ignature of Controlling Officeholder, Candidate, State N	Measure Proponent	-

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM 2 of 3

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	Teiñe	,	NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO, OR LETTER	JURISDICTION		SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP PRO BLOCKVICLY XVENUE, Westlake Village, CA 9/3			Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included in this Sta	tement: List any committees			DATE, OR PROPONENT	I DIOTDIOT NO	IE AND	
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.			OFFICE SOUGHT OR HELD DISTRICT NO.		IF ANY		
COMMITTEE NAME	I.D. NUMBER	_					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candio officeholder(s) or candidate(s) for	or which this committee	is primarily for		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	·		NAME OF OFFICEHOLDER OR CAI	NDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAR	NDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CAR	NDIDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	UX)						
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation sheets i	f necessary		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Jan. 1, 2010 FORM 460

through Jul 30, 2010 Page 3 of 3

I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made Schedule E. Line 4 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$... carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above