

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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OVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from 01/01/09
through 06/30/09

Date of election if applicable:
(Month, Day, Year)
2009 JUL 31 AM 9:47
11/03/09
STATISLAUS COUNTY
CLERK-RECORDER

Date Stamp

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
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1317735

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

MURATORE FOR COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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)

NAME OF TREASURER

ANTHONY JOHNSTON

MAILING ADDRESS

1014 16TH STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95353</u>	<u>(209) 521-6260</u>

NAME OF ASSISTANT TREASURER, IF ANY

JOSEPH MURATORE

MAILING ADDRESS

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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 7/31/09
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 7/31/09
Date

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460	
Page <u>2</u>	of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSEPH MURATORE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MODESTO CITY COUNCIL DISTRICT 4 SEAT			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1120 13TH STREET, SUITE H	MODESTO, CA		95354

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.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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 01/01/09 through 06/30/09	CALIFORNIA FORM 460
	Page 3 of 6
	I.D. NUMBER 1317735

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 13,292	\$ 13,292
2. Loans Received Schedule B, Line 3	950	950
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 14,242	\$ 14,242
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 14,242	\$ 14,242

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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 903	\$ 903
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 903	\$ 903
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 903	\$ 903

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	\$ 0
13. Cash Receipts Column A, Line 3 above	14,242
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	903
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13,339

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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 A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/09	
through	06/30/09	Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

I.D. NUMBER

1317735

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)
	SEE ATTACHED SCHEDULE	<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				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	12,645
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	647
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	13,292

*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

Muratore for Council 2009
Campaign #1317735
Schedule A Attachment
Monetary Contributions Received
Statement covers period from January 1 through June 30, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Cumulative to Date Calendar Year
04/06/2009	Britton Konynenburg Partners	6401 Stoddard Rd. Modesto, CA 95356	OTH			1,000	1,000
05/11/2009	Sue Hollingsworth, CPA	1020 15th St. Ste. 13 Modesto, CA 95354	OTH			100	100
05/18/2009	Tom Van Groningen	516 Barringham Ln. Modesto, CA 95350	IND	Education	Retired-self emp. Consultatant	100	100
05/20/2009	Louis Friedman	508 Andover Ln. Modesto, CA 95350	IND	Attorney	Curtis & Arata	250	250
05/21/2009	Richard Applegate	3928 Trillium Ave. Modesto, CA 95356	IND	Construction Executive	Applegate Johnston, Inc.	198	198
05/26/2009	Bette Belle Smith	415 Sycamore Modesto, CA 95354	IND	Community Relations	US Bank	100	100
05/26/2009	David Derby	2909 Coffee Rd., Ste. 8 Modesto, CA 95354	IND	Insurance Sales	Swanson & Derby Insurance	100	100
05/26/2009	Jerry W. Hill	1400 Rock Haven Dr. Modesto, CA 95356	IND	Sales	Pacific Southwest Container	100	100
05/26/2009	Peter W. Johansen	1212 Princeton Ave. Modesto, CA 95350	IND	Retired	None	150	150
06/03/2009	CONCERT Asset Management Modesto, Inc.	1871 The Alameda Ste 350 San Jose, CA 95126	OTH			297	297
05/27/2009	J. Allen Beebe	801 10th St. Modesto, CA 95354	IND	Resturant Business	Calmex, Inc.	1,000	1,000
05/27/2009	Tima Seward	22837 W. Bloss Hilmar, CA 95324	IND	Banking	Westamerica Bank	100	100
05/28/2009	James West	224 Patricia Ln. Modesto, CA 95354	IND	Agricultural Business Owner	J.S. West & Co.	150	150
05/28/2009	Paul W. Caruso Investments	1412 Crows Landing Rd Modesto, CA 95351	OTH			350	350
05/29/2009	Dallas Kadry	3700 McHenry Ave. Modesto, CA 95356	IND	Bowling alley management	McHenry Bowl	100	100
05/29/2009	Kenni Friedman	508 Andover Ln. Modesto, CA 95350-6801	IND	Retired	None	750	750
05/29/2009	Randy Clark	931 Enslin Ave. Modesto, CA 95350	IND	Insurance Agent	TSM Insurance	100	100
05/31/2009	Caldwell Banker, Vinson Chase, Realtor	220-A Standiford Ave Modesto, CA 95350	OTH			100	100
06/01/2009	Audio Video Headquarters	1295 N. Emerald Ave, Ste. L Modesto, CA 95351	OTH			100	100
06/01/2009	Bruce Valentine	2809 Londonberry Ct. Modesto, CA 95350	IND	Dentist	Bruce Valentine, DDS, APC	250	250
06/02/2009	Bradley Hawn	1024 Yale Avenue Modesto, CA 95350	IND	Engineer	Lionakis	500	500
06/03/2009	Curtis Grant	717 Scenic View Court Modesto, CA 95354	IND	Retired	None	1,000	1,000
06/03/2009	Denton Incorporated	PO Box 3513 Modesto, CA 95352	OTH			1,200	1,200
06/03/2009	J. David Wright, Jr.	2200 McHenry Ave Ste. A Modesto, CA 95350	OTH			100	100
06/03/2009	Nexus Engineering	1400 Lone Palm Modesto, CA 95351	OTH			250	250
06/03/2009	Ron Ehrke	6649 Langworth Rd. Oakdale, CA 95361	IND	CPA	Atherton & Associates	250	250
06/03/2009	Solecon Industrial Contractors, Inc.	1401 McWilliams Way Modesto, CA 95351	OTH			250	250
06/04/2009	M & K Consulting, L.P.	1005 Roble Ave Modesto, CA 95354	OTH			100	100

Muratore for Council 2009
 Campaign #1317735
Schedule A Attachment
 Monetary Contributions Received
 Statement covers period from January 1 through June 30, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Cumulative to Date Calendar Year
06/04/2009	Warp & Woof Advisers	809 Sylvan Ave #104 Modesto, CA 95350	OTH			100	100
06/05/2009	Chris Harrigfeld	925 Princeton Ave Modesto, CA 95350	IND	Mortgage Broker	Cal. Mortgage Association	100	100
06/09/2009	Monica Ojcius	1704 Edgebrook Dr Modesto, CA 95354	IND	Director - Non-profit	Center for Human Services	100	100
06/15/2009	Bob Campana	8513 Dusty Ln Modesto, CA 95359	IND	Plumbing Business	Discount Plumbing	100	100
06/15/2009	Gary Blom	1009 Stratford Ln Modesto, CA 95350	IND	Financial Advisor	Merrill Lynch	100	100
06/15/2009	J.M. Keckler Medical CO., Inc.	1010 Warnerville Rd, Oakdale, CA 95361	OTH			100	100
06/17/2009	TSM Insurance & Financial Services, Inc.	1317 Oakdale Rd. Bldg #910 Modesto, CA 95355	OTH			500	500
06/18/2009	Craig C. Lewis	1101 Sylvan Ave, A-7 Modesto, CA 95350	IND	Real Estate Broker	Prudential California Realty	250	250
06/18/2009	Patty Stone	2537 River Rd Modesto, CA 95351	IND	Executive Director	Stanislaus Comm. Foundation	100	100
06/19/2009	John Grover Construction, Inc	3606 Dakota Ave Modesto, CA 95358	OTH			100	100
06/19/2009	Valley Oak Mortgage	1535 J St, Ste D Modesto, CA 95354	OTH			200	200
06/22/2009	Laurence Dempsey	2612 Van Gogh Dr Modesto, CA 95354	IND	Attorney	Sutter Health	100	100
06/25/2009	Charles C. Bryant	7401 Del Cielo Way Modesto, CA 95356	IND	Retired	None	100	100
06/25/2009	City Signs	1027 Emerald Ave Ste A-3 Modesto, CA 95351	OTH			1,000	1,000
06/25/2009	Law Offices of Ralph C. Ogden, III	1535 J St, Ste A Modesto, CA 95354	OTH			150	150
06/30/2009	Northstar Engineering Group, Inc.	909 14th St Modesto, CA 95354	OTH			500	500
Total:						12,645	12,645

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>01/01/09</u> through <u>06/30/09</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

I.D. NUMBER

1317735

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
JOSEPH MURATORE † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL REAL ESTATE, SENTINEL ROCK REALTY TRUST	\$ 0	\$ 950	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 950 DATE DUE _____	0 % RATE	\$ 950 4/16/09 DATE INCURRED	CALENDAR YEAR \$ 950 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 \$		\$	\$	\$	\$			

Schedule B Summary

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

- Loans received this period \$ 950
(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 \$ 950**
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.

SCHEDULE E

Statement covers period from <u>01/01/09</u>	CALIFORNIA FORM 460
through <u>06/30/09</u>	
Page <u>6</u> of <u>6</u>	I.D. NUMBER 1317735

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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
GOWANS PRINTING, 1310 H STREET, MODESTO, CA 95354	CMP		201
PARKS PRINTING, 1515 10TH STREET, MODESTO, CA 95354	FND		232
PARKS PRINTING, 1515 10TH STREET, MODESTO, CA 95354	FND		271

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

SUBTOTAL \$ 704

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	704
2. Unitemized payments made this period of under \$100	\$	199
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.)	TOTAL \$	903

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp
RECEIVED
MODESTO CITY CLERK

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Statement covers period
from 7/1/09
through 9/19/09

Date of election if applicable:
(Month, Day, Year) 11/03/09

09 SEP 24 PM 3:51

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
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2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
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(Also file a Form 410 Termination)
- Amendment (Explain below)
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- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1317735

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

MURATORE FOR COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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)

NAME OF TREASURER

ANTHONY JOHNSTON

MAILING ADDRESS

1014 16TH STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95353</u>	<u>(209) 521-6260</u>

NAME OF ASSISTANT TREASURER, IF ANY

JOSEPH MURATORE

MAILING ADDRESS

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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 x 9/24/09
Date

Executed on x 9/24/09
Date

Executed on _____
Date

Executed on _____
Date

By x [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSEPH MURATORE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MODESTO CITY COUNCIL DISTRICT 4 SEAT			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1120 13TH STREET, SUITE H	MODESTO, CA		95354

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.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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>7/1/09</u>	CALIFORNIA FORM 460
through <u>9/19/09</u>	
Page <u>3</u> of <u>7</u>	
I.D. NUMBER <u>1317735</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>12,587</u>	\$ <u>25,879</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>950</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>12,587</u>	\$ <u>26,829</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>4,200</u>	<u>4,200</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>16,787</u>	\$ <u>31,029</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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>7,776</u>	\$ <u>8,679</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>7,776</u>	\$ <u>8,679</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>7,776</u>	\$ <u>8,679</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
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>13,339</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>12,587</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>7,776</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>18,150</u>

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.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ _____
--	----------

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/09</u> through <u>9/19/09</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>7</u>
I.D. NUMBER 1317735	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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)
	SEE ATTACHED SCHEDULE	<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				
SUBTOTAL \$				11,323		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>11,521</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>1,066</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>12,587</u>

*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

Muratore for Council 2009
Campaign #1317735
Schedule A Attachment
Statement covers period from July 1 to September 19, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Balance Total
07/01/2009	Andrew Mendlin	4313 Savole Ct Modesto, CA 95358	IND	Attorney	Curtis & Arata	100	100
07/01/2009	Stephen Mort	3800 Finch Rd Modesto, CA 95357	IND	Glass Business	Don's Mobile Glass	100	100
07/06/2009	Jeffery P. Cowan	7218 Hillcrest Dr Modesto, CA 95356	IND	Retired		250	250
07/06/2009	Paul B. Draper	1020 10th St Modesto, CA 95354	IND	Investment Manager	Centerra Capital, Inc.	1,000	1,000
07/07/2009	Bette Belle Smith	415 Sycamore Modesto, CA 95354	IND	Community Relations	US Bank	150	250
07/07/2009	Brett McBay	612 Crawford Rd Modesto, CA 95356	IND	Owner	McBay Tile, Inc.	150	150
07/07/2009	Bruce Valentine	2809 Londonberry Ct. Modesto, CA 95350	IND	Dentist	Bruce Valentine, DDS, APC	100	350
07/07/2009	Dave Gianelli	1816 Devonshire Ave Modesto, CA 95355	IND	Attorney	Gianelli & Associates	1,000	1,000
07/07/2009	Fred Eichel	118 W. Orangeburg Ave Modesto, CA 95350	IND	Owner	Eichel Real Estate	150	150
07/07/2009	J.D. Grothe	1029 16th St Modesto, CA 95354	IND	Architect	J.D. Grothe & Associates	250	250
07/07/2009	Jeanine Monteith	532 Cormorant Dr Modesto, CA 95354	IND	Retired		150	150
07/07/2009	M & K Consulting, L.P.	1005 Roble Ave Modesto, CA 95354	OTH			150	250
07/07/2009	Marian Kaanon	597 Fresian Dr Oakdale, CA 95361	IND	Director of Marketing	Community Hospice	100	100
07/07/2009	Phillip Mastagni	PO Box 4710 Modesto, CA 95352	IND	President	Acme Construction Company, Inc.	100	100
07/07/2009	Randall C. Epperson, Ph.D.	1601 I St, Ste 440 Modesto, CA 95354	IND	Psychotherapist	Self-Employed	150	150
07/07/2009	Richard Muratore	1208 Lexington Dr Modesto, CA 95350	IND	Electrician	City of Modesto	150	150
07/07/2009	Terry D. Swehla	1235 Princeton Ave Modesto, CA 95350	IND	Certified Financial Planner	Waypoint Financial Advisors	150	150
07/07/2009	Wendell Reed	PO Box 3191 Modesto, CA 95353	IND	Owner	Basic Resources, Inc.	399	399
07/20/2009	Aaron Struck	1411 G Street Modesto, CA 95354	IND	Insurance Broker	Struck Employee Benefits	150	150
07/20/2009	Bill Amerine	7025 Serr Court Modesto, CA 95356	IND	Investment Manager	Mraz, Amerine & Associates	150	150
07/20/2009	Frank J. Muratore	712 Brady Avenue Modesto, CA 95354	IND	Retired		250	250
07/20/2009	J. David Wright, Jr.	2001 Northcrest Ct Modesto, CA 95355	IND	Insurance Broker	Farmers Insurance	150	250
07/20/2009	James E. Conforti	1381 Merte Court Ripon, CA 95366-9325	IND	CEO	Memorial Hospital	150	150
07/20/2009	Martin Mendez	324 De Vega Court Modesto, CA 95354-3213	IND	Scientist	Gallo Winery	150	150
07/20/2009	Roger Schrimp	2513 Oakhurst Drive Oakdale, CA 95361	IND	Attorney	Damrell, Nelson, Schrimp et al.	150	150
07/20/2009	Seth Neumann	1249 Magnolia Avenue Modesto, CA 95350-5247	IND	Manager	Willie Electric Supply	150	150
07/20/2009	Stephen A. Veglia	3312 Wycliff Drive Modesto, CA 95355	IND	Pastor	First United Methodist Church	150	150
07/20/2009	Tracy Sahn	211 Audrey Avenue Modesto, CA 95350	IND	Realtor	PMZ	150	150

Muratore for Council 2009
Campaign #1317735
Schedule A Attachment
Statement covers period from July 1 to September 19, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Balance Total
07/22/2009	Matthew Bruno	6906 Corte Del Sol Modesto, CA 95356	IND	Dairy Supplies	Turlock Dairy & Refrigeration, Inc.	450	450
07/22/2009	Thomas M. Oliveira	1601 I Street, Suite 330 Modesto, CA 95354	IND	President	Oliveria Wealth, Inc.	150	150
07/24/2009	Andrew Katakis	PO Box 1747 Modesto, CA 95353	IND	Realtor	CA Equity Management Group	150	150
07/24/2009	Bank of America PAC	1100 North King Street Wilmington, DE 19884	OTH			500	500
07/24/2009	Chris Ricci	2501 Vienna Court Modesto, CA 95355	IND	Event Promoter	Chris Ricci Presents, Inc.	100	100
07/24/2009	Christopher D. Battreal	1840 Encina Avenue Modesto, CA 95354-1502	IND	Financial Manager	Waypoint Financial Advisors	150	150
07/24/2009	Col. John S. Rogers, USAF	5101 Mountain View Road Hughson, CA 95356	IND	Retired		500	500
07/24/2009	David Quinonez	325 Lelah avenue Modesto, CA 95350	IND	Realtor	Vinson Chase	150	150
07/24/2009	Dennis E. Wilson	1227 Princeton Avenue Modesto, CA 95350	IND	President	Horizon Consulting	250	250
07/24/2009	Dennis McConnell	609 Zlnnia Way Modesto, CA 95356	IND	Logistics/Engineering	M2 Consulting	100	100
07/24/2009	Deren Scott Monday	Monday 2716 Cherry Creek Court Modesto, CA 95355-9354	IND	Construction Worker	Huff Construction	150	150
07/24/2009	Henry Haber	5921 Huntley Court Riverbank, CA 95367-9677	IND	Vice President	Oppurtunity International	150	150
07/24/2009	Katherine Salvatore	2521 Boston Way Modesto, CA 95355	IND	Vice President	Tele-Pacific Services	150	150
07/24/2009	Matthew I. Friedrich	7213 Adams Gravel Plant Road Oakdale, CA 95361	IND	Attorney	Petrutakis, Jensen & Friedrich	100	100
07/24/2009	Peter Hermann	809 Sylvan Avenue, Suite 104 Modesto, CA 95350	IND	Business Consultant	Next Step consulting	225	225
07/24/2009	Phillp S. Trompetter, Ph.D.	1518 K Street Modesto, CA 95354	IND	Psychologist	A Psychological Corporation	150	150
07/24/2009	Sandra Wild	1027 Wellesley Avenue Modesto, CA 95350	IND	President	Wild Signs, Inc.	150	150
07/24/2009	Ted Brandrold	616 14th Street Modesto, CA 95354	IND	President	Commercial Architecture, Inc.	500	500
07/24/2009	Tiffani Burns	534 El Cajon Avenue Modesto, CA 95350	IND	Development Manager	CSU Stanislaus	150	150
07/29/2009	Shannon Weaver	2020 Standiford Avenue, #E2 Modesto, CA 95350	IND	Owner	Express Employment Professionals	100	100
07/31/2009	Jeffrey T. Venable	PO Box 4538 Modesto, CA 95352	IND	Retired		100	100
08/08/2009	Doug K. Highiet	909 Edgebrook Drive Modesto, CA 95354	IND	Metal Business	Ceres Pipe & Metal	299	299
08/24/2009	Robert Draizen	215 Elmwood Court Modesto, CA 95354	IND	Business Consultant	Next Step consulting	100	100
09/16/2009	Donald R. Swatman	1213 Coffee Road, #L Modesto, CA 95355	IND	Dentist	Donald R. Swatman, Inc.	150	150
09/16/2009	Paul Baxter	3509 Dutchollow Way Modesto, CA 95355	IND	Retired		150	150
Total:						11,323	

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>7/1/09</u> through <u>9/19/09</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>7</u>	I.D. NUMBER 1317735

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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
JOSEPH MURATORE † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL REAL ESTATE, SENTINEL ROCK REALTY TRUST	\$ 950	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 950 DATE DUE _____	0% RATE	\$ 950 4/16/09 DATE INCURRED	CALENDAR YEAR \$ 950 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 \$		\$	\$	\$	\$			

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
(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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/09</u>	CALIFORNIA FORM 460
through <u>9/19/09</u>	
Page <u>6</u> of <u>7</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

I.D. NUMBER

1317735

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/09	Tony Bruno 1807 Ladd Road Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.O.O./Dairy Supply Business, Turlock Dairy & Refrigeration	Food & beverages	\$1,150	\$1,150	
7/22/09	Dan Costa 1204 Countryview Drive Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, 5.11 Tactical	Food	1,000	1,000	
7/22/09	Chris Tyler 3208 Wycliff Drive Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Advisor, Terravest Capital Advisors	Food & beverages	850	850	
8/22/09	CA Equity Management Group, Inc. 1120 13th Street, Suite A Modesto, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Use of campaign billboard at Kiernan and highway 99	1,200	1,200	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,200

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 4,200
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$ 4,200

*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 E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	7/1/09	
through	9/19/09	Page <u>7</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
JOSEPH MURATORE		1317735

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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
SEE ATTACHED SCHEDULE			

* 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.)	\$	<u>7,388</u>
2. Unitemized payments made this period of under \$100	\$	<u>388</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>7,776</u>

Muratore for Council 2009
Campaign #1317735
Schedule E Attachment
Statement covers period from July 1 through September 19, 2009

Name	Address	Payment Code	Amount Paid
Dittos	1025 J Street Modesto, CA 95354	CMP	106
Jeff Broome Photography	P.O. Box 522 Modesto, CA 95353	CMP	550
City of Modesto	1010 Tenth Street Modesto, CA 95354	FIL	500
Mina-Tree Signs, Inc	1233 E Ronald Street Stockton, CA 95350	PRT	1,280
Sue Hollingsworth, CPA	1020 15th Street Modesto, CA 95354	PRO	1,612
City Signs	1101 Doker Drive #D Modesto, CA 95351	PRT	2,609
La Loma Neighborhood Association	1005 Roble Avenue Modesto, CA 95354	PRT	200
ABS Presort	4724 Enterprise Way Modesto, CA 95356	LIT	<u>530</u>
		Total:	<u><u>7,388</u></u>