



150 Post Street, Suite 405 San Francisco, CA 94108
Tel: 415/732-7700 Fax: 415/732-7701 www.campaignlawyers.com

FAX COVER SHEET

May 20, 2010

TO: Federal Election Commission, 202/219-0174

FROM: Jason Prasad

Attached is a FEC Form 9 (24 Hour Notice of Disbursements/Obligations for Electioneering Communications) for Californians for a Balanced Budget and Better Economy.

5 pages total
JPP/slf
#1397.01

This correspondence is confidential and may be legally privileged. If you have received it in error, you are on notice to not copy it, use it for any purposes, or disclose its contents to any other person; to do so could violate state and federal privacy laws. If you have received this correspondence in error, please notify us immediately and then delete or destroy it. Any tax advice contained in this communication is not intended to be used, and cannot be used, for the purpose of avoiding IRS penalties or for recommending any tax-related transaction or matter to a third party.

Thank you for your cooperation.

10030333664

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

CALIFORNIANS FOR A BALANCED BUDGET AND BETTER ECONOMY

(b) Address (number and street) ☐ check if different than previously reported

150 POST STREET, SUITE 405

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94108

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**

05

03

2010

through

05

20

2010

5. (a) Date of Public Distribution(s)

05

19

2010

(b) Communication Title

THE REAGAN LEGACY

6. The filer is a(n):(a) ☐ Individual(b) ☒ Unincorporated Organization(c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?Yes ☐No ☒**8. Custodian of Records**

(a) Name

JAMES R. SUTTON

(b) Address (number and street)

150 POST STREET, SUITE 405

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94108

(d) Name of Employer or Principal Place of Business

(e) Occupation

THE SUTTON LAW FIRM

ATTORNEY

9. Total Donations This Statement

250

000

00

10. Total Disbursements/Obligations This Statement

250

000

00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JAMES R. SUTTON

SIGNATURE



DATE

5/20/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

FEC FORM 9 (REV. 12/2007)

10030333665

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name DAVID J. TEECE	
(b) Address (number and street) 2200 POWELL STREET	
(c) City, State and ZIP Code EMERYVILLE, CA 94608	
(d) Name of Employer or Principal Place of Business UNIVERSITY OF CALIFORNIA, BERKELEY	(e) Occupation PROFESSOR
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

10030333666

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor

DAVID J. TEECE

Mailing Address of Donor

2200 POWELL STREET

City

State

Zip

EMERYVILLE, CA 94608

Date of Receipt

05 18 2010

Amount

250 000 00

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

250 000 00

10030333667

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee THE BATTIN GROUP		Date of Disbursement or Obligation 05 18 2010	
Mailing Address of Payee 78-710 AVENIDA NUESTRA		Amount 250 000 00	
City LA QUINTA	State CA	Zip Code 92253	
Name of Employer Occupation		Communication Date covers period 05/19/10 - 05/23/10	
Purpose of Disbursement (Including title(s) of communication(s)) THE REAGAN LEGACY, TELEVISION ADVERTISEMENT			
Name of Federal Candidate TOM CAMPBELL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	
Name of Employer		Communication Date	
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		250 000 00	

10030333668

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED

(5/2004)

10030333669