

Recipient Committee Campaign Statement Cover Page

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	Date of election if applicable: (Month, Day, Year) <u>03/03/2020</u>
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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

3. Committee Information

I.D. NUMBER
1423931

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

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

STREET ADDRESS (NO P.O. BOX)
226 Burlwood Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Scotts Valley</u>	<u>CA</u>	<u>95066</u>	<u>(831) 566-3180</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P. O. Box 66123

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Scotts Valley</u>	<u>CA</u>	<u>95067</u>	<u>(831) 566-3180</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jack Dilles

MAILING ADDRESS
P. O. Box 66123

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Scotts Valley</u>	<u>CA</u>	<u>95067</u>	<u>(831) 566-3180</u>

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 2/19/2020
Date

Executed on 2/19/2020
Date

Executed on _____
Date

Executed on _____
Date

By Jack Dilles
Signature of Treasurer or Assistant Treasurer

By [Signature] (signing on behalf of all controlling officeholders)
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

City of Scotts Valley sales tax "Scotts Valley City Services Protection Measure"

BALLOT NO. OR LETTER Z	JURISDICTION City of Scotts Valley	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

1) Jack Dilles, 2) Randy Johnson, 3) Donna Lind, 4) Jim Reed, & 5) Derek Timm

OFFICE SOUGHT OR HELD 1), 2), 3), 4), & 5): City Council Member	DISTRICT NO. IF ANY N/A
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER 1423931

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 11,949.00	\$ 15,949.00
2. Loans Received..... Schedule B, Line 3	\$ - 0 -	\$ - 0 -
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 11,949.00	\$ 15,949.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 573.77	\$ 2,354.74
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 12,522.77	\$ 18,303.74

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	\$ 11,166.79	\$ 11,216.79
7. Loans Made..... Schedule H, Line 3	\$ - 0 -	\$ - 0 -
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 11,166.79	\$ 11,216.79
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ - 0 -	\$ - 0 -
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 573.77	\$ 2,354.74
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 11,740.56	\$ 13,571.53

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	\$ 4,950.00
13. Cash Receipts..... Column A, Line 3 above	\$ 11,949.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ - 0 -
15. Cash Payments..... Column A, Line 8 above	\$ 11,166.79
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5732.21

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..... Schedule B, Part 2	\$ - 0 -
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ - 0 -
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ - 0 -

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

I.D. NUMBER
1423931

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)
01/27/20	Borelli Investment Company Broker Trust 2051 Junction Avenue, #100 San Jose, CA 95131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
01/27/20	Jack Dilles 226 Burlwood Drive Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Scotts Valley	500.00	500.00	
01/31/20	RP & JP Limited Partnership 591 Redwood Highway Frontage Road, Suite 2150 Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
01/31/20	Stephen D. Walpole 1755 Glenwood Drive Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
02/03/20	Scotts Valley Peace Officers Association One Civic Center Drive Scotts Valley, CA 95066	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$				6,750.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 11,850.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 99.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ 11,949.00

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm	I.D. NUMBER 1423931
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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)
02/01/20	Jim Reed 225 Navigator Drive Scotts Valley, Ca 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Scotts Valley	100.00	100.00	
02/06/20	Frederick J. Keeley 121 Market Street Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lecturer San Jose State University	250.00	250.00	
02/10/20	Marlyn J. Bergman 5270 Scotts Valley Drive Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	(self employed) Scotts Valley Realty	1,000.00	1,000.00	
02/10/20	Michael Shulman 15 Kerry Court Scotts Valley, Ca 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Underwriters Laboratories, LLC	300.00	300.00	
02/12/20	Ow Famnily Properties 230 Mount Hermon Road, Suite 200 Scotts Valley, CA 95066	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	
SUBTOTAL \$				4,650.00		

*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 A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/19/2020
through 02/15/2020

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

I.D. NUMBER
1423931

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)
02/15/20	Jeffrey J. Hill 105 Blueberry Drive Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
02/15/20	Robson Homes LLC 2185 The Alameda, Suite 150 San Jose, Ca 95126	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
		<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 \$				450.00		

Schedule A Summary

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

***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

Clear Sch. A

Print Form

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

I.D. NUMBER

1423931

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)
01/25/20	Jack Dilles 226 Burlwood Drive Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Scotts Valley	Campaign sign stakes	\$350.00	375.50	
01/16/20	Donna Lind 114 Belair Court Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Scotts Valley	Social media advertising	174.77	604.74	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 524.77

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	- 0 -
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	49.00
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 \$	573.77

*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**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1423931	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Scotts Valley - Yes on Z Supported by Council Members Dilles, Johnson, Lind, Reed, and Timm

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
Maverick Mailing, LLC 1111 Ocean Street, Suite 101 Santa Cruz, Ca 95060	POS	Mailing services and postage	4,631.46
Sentinel Printers, Inc. 1025 Center Street Santa Cruz, CA 95060	PRT	Print ad services	2,880.53
Rendell Aguisanda 4610 Felton Street, #D San Diego, CA 92116	PRT	Print ad design services	520.00

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

SUBTOTAL \$ 8,031.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 11,140.69
2. Unitemized payments made this period of under \$100.....	\$ 26.10
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 \$ 11,166.79

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER

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I.D. NUMBER
1423931

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
Dynamic Press, Inc. 1334 Brommer Street, Suite B-1 Santa Cruz, CA 95062	PRT	Graphic Design	1,963.09
Political Data, Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	CNS	Political Data	1,000.00
Derek Timm 22 Taryn Court Scotts Valley, CA 95066	OFC	Reimbursement for Copy Costs (initially paid to FedExOffice at 712 Front Street, Sanrta Cruz, CA 95060)	145.61

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

SUBTOTAL \$ 3,108.70