

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp

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2017
JAN 30 2016 *fax*

Page 1 of 2

For Official Use Only

Statement covers period
from 07-01-16
through 12-31-16

Date of election if applicable:
(Month, Day, Year)
N/A

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
1276172

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

Scotts Valley Town Center Now

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Scotts Valley</u> | <u>CA</u> | <u>95066</u> | <u>(831) 419-1701</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

Eric P. Seib

MAILING ADDRESS

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Scotts Valley</u> | <u>CA</u> | <u>95066</u> | <u>(831) 234-3322</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Jim Reed

MAILING ADDRESS

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Scotts Valley</u> | <u>CA</u> | <u>95066</u> | <u>(831) 419-1701</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 1-29-17
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By *Eric P. Seib*
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 | | CALIFORNIA FORM 460 |
| from | 07-01-16 | |
| through | | Page <u>2</u> of <u>2</u> |
| | | I.D. NUMBER 1276172 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scotts Valley Town Center Now

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0.00 | \$ 0.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$ 0.00 | \$ 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 0.00 | \$ 0.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0.00 | \$ 0.00 |

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 | \$ 0.00 | \$ 0.00 |
| 7. Loans Made..... Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 0.00 | \$ 0.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 0.00 | \$ 0.00 |

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 | \$ 0.00 |
| 13. Cash Receipts..... Column A, Line 3 above | \$ 0.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ 0.00 |
| 15. Cash Payments..... Column A, Line 8 above | \$ 0.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

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

| | |
|--|---------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0.00 |
|--|---------|

Cash Equivalents and Outstanding Debts

| | |
|--|---------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

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.