## Recipient Committee Campaign Statement Cover Page

Campaign Statement Cover Page		SANTA CRUZ	Date Stamp LED CO ELECTIONS	F	FORNIA 460
	Statement covers period 7/1/15 12/31/15	Date of election if applicable: (Month, Day, Year) 2016 FEB - 1		Page	1 of 6
SEE INSTRUCTIONS ON REVERSE	through				
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>✓ Officeholder, Candidate Controlled Committee         <ul> <li>State Candidate Election Committee</li> <li>Recall (Also Complete Part 5)</li> </ul> </li> <li>☐ General Purpose Committee         <ul> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul> </li> </ul>	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminati Amendment (Explain below)		Quarterly State Special Odd-Ye	
3. Committee Information	I.D. NUMBER 1371098	Treasurer(s)	and his and a second of the se		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Baughman For SLV Water District 2014, Chai	fles	NAME OF TREASURER Suellene Petersen MAILING ADDRESS	The Market Commission of the Proposition of the Pro		
STREET ADDRESS (NO P.O. BOX)	A CONTRACTOR OF THE PROPERTY O	Felton		DE CODE	AREA CODE/PHONE 831-335-2662
	OODE AREA CODE/PHONE 006 831-217-4006	NAME OF ASSISTANT TREASURER, IF ANY Charles R. Baughman MAILING ADDRESS		70010	031-333-2002
			THE PROPERTY OF THE PROPERTY O		
	CODE AREA CODE/PHONE  006	Boulder Creek		19 CODE 15006	AREA CODE/PHONE 831-217-4006
chuckb@chuck4slvwd.com		OPTIONAL: FAX / E-MAIL ADDRESS Chuckb@chuck4slvwd.com			
4. Verification I have used all reasonable diligence in preparing and revise certify under penalty of perjury under the laws of the State  Executed on 1/31/20/6  Executed on Date  Executed on Date	of California that the foregoing is true and of By Charles  By Signature of Control  By	inowledge the information contained herein correct.  1. Beneficial Signature of Treasurer or Assistant Treasurer  2. R-Beneficial School Standard Standard School S	r Responsible Officer of t	And the second s	true and complete. I
Executed onDate	Bysi	gnature of Controlling Officeholder, Candidate, State Mea	sure Proponent		

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	t Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	on termino activo cuatatamente blosta a como toque è	Ought specialists in Children (Children (Child	
Charles R. Baughman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
San Lorenzo Valley Water District Director 2	2014					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	holder, candidate, c	or state measure pro	ponent, if any.
Bou	Ider Creek CA 95006		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONE	NT	
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		Mark Karling day any maganism product reposit from the Standard of Standard September 1900 and the Standard Standard September 1900 and the Standard September 1900 and the Standard Standard Standard September 1900 and the Standard Standard September 1900 and the Standard Septem			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Officehold for which this comm	ler Committee <i>I</i> ittee is primarily form	ist names of ed.
COMMITTEE ADDRESS (NO P.			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				Port in the plant points from bonus bonus bonus consequences and	
CITY STATE 2	ZIP CODE AREA CODE/PHONE		Atta	ch continuation she	ets if necessary	

## Campaign Disclosure Statement Summary Page

83

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Charles R. Baughman

Amounts may be rounded to whole dollars.

SUMMARY PAGE
--------------

Stateme	ent covers period 7/1/15	california 460
through	12/31/15	Page3 of6
 	**************************************	I.D. NUMBER
		1371098

Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR YOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	8211.02 -10676.03 -2465.01 0 -2465.01	\$	8211.02 0 -2465.01 0 -2465.01	1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$
Expenditures Made  6. Payments Made	\$	0 50.00 0 0 50.00	\$ \$	160.00 0 160.00 0 0 160.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) /
13. Cash Receipts	\$	-2465.01 256.00 50.00 0	add A to am of am be she pre this file	d amounts in Column to the corresponding tounts from Column B tounts in Column A may negative figures that build be subtracted from evious period amounts. If is is the first report being d for this calendar year, ly carry over the amounts m Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772)
					FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule	A		its may be rounded				SCHEDULE
Monetary	Contributions Received	£O.	whole dollars.	ers period	california 460		
				from	/15	F	ORM TOO
SEE INSTRUCTIO	NS ON REVERSE			through12	/31/15	Page	4of6
NAME OF FILER				nesia esculuramo control de la escula de la cultra estrició de la control de la control de la control de la con	Comment of the second second second second	I.D. NI	JMBER
Charles R.	Baughman				7	13710	098
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/30/15	Charles R. Baughman	☑ IND □ COM	Retired	8812.01	8812.	01	
	Boulder Creek, CA 95006	OTH PTY SCC					
		☐ COM					
		□OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		and the second s	SUBTOTAL \$	8812.01			
Schedule	A Summary		And the second s		*Con	tributor (	Codes
1. Amount re	ceived this period – itemized monetary contributions		\$	8812.01			oient Committee
A 2 105 100 10	ceived this period – unitemized monetary contributio			0			r than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			8812.01			Contributor Committee

195								
Cabadala D. Dart 1	Ame	ounts may be rou		г	Statement cov	or moried		OULE B - PART
Schedule B – Part 1 .oans Received		to whole dollars	<b>3.</b>		71-	1/15	CALIFORN FORM	<sup>IA</sup> 460
					from		1 Oldin	
EE INSTRUCTIONS ON REVERSE					through12	2/31/15	Page5	of6
AME OF FILER	Market of the state of the stat						I.D. NUMBER	7
Charles R. Baughman							1371098	,
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	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Charles R. Baughman	Retired			☑ PAID				CALENDAR YEAR
onarios III Dadgiinian				s_2465.01	_ s <u>0</u>	O %	\$ 4632.49	\$ 10676.03
				☑ FORGIVEN				PER ELECTION®
	,	s 10676.03	s0	s_8211.02	12/31/15 DATE DUE	.\$	9/30/14 DATE INCURRED	\$
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				□ PAID				CALENDAR YEAR
· ·				5	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_   \$	RATE	s	\$
				FORGIVEN		RATE		PER ELECTION <sup>9</sup>
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
	\$	SUBTOTALS \$	0 9	10676.0	3 \$ 0	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	
and distributed that the product will be and the control of the co				\$	0	_		
(Total Column (b) plus uniternized loan							†Contributor Codes	

\*Amounts forgiven or paid by another party also must be reported on Schedule A.
\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

2. Loans paid or forgiven this period ......\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

IND - Individual

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

10676.03

(May be a negative number)

Schedule I Viiscellane		s may be rounded vhole dollars.	Statement covers period from7/1/15	california 460
SEE INSTRUCTION NAME OF FILER Charles R. Ba			through12/31/15	Page 6 of 6  I.D. NUMBER  1371098
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	С	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/30/15	Charles R. Baughman Boulder Creek, CA 95006	Sale of unused Satellite"	d access to office space at "The	256.00
Attach addit	tional information on appropriately labeled continuation sheets.		SUBTOTAL	.\$ 256.00
<ol> <li>Unitemized</li> <li>Total of all i</li> </ol>	Summary creases to cash this period	Column (e).)	\$	<u>)</u>
	Page Line 14 \		TOTAL \$ 256.00	)