

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED Date Stamp
SANTA CRUZ CO ELECTIONS

**CALIFORNIA
2001/02
FORM**

460

Statement covers period
from 1/1/14
through 9/30/14

Date of election if applicable
(Month, Day, Year)
11/4/14

FILED Date Stamp
SANTA CRUZ CO ELECTIONS
11/4 OCT -6 PM 12:51

Page _____ of _____

For Official Use Only

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
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ 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
☐ Amendment (Explain below)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1370247

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

Vote Karen Brown's Water Board Director 2014
STREET ADDRESS (NO P.O. BOX)

CITY Boulder Creek STATE CA ZIP CODE 95006 AREA CODE/PHONE 831-338-6500
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER

Karen Hill
MAILING ADDRESS

CITY BEN LOMOND STATE CA ZIP CODE 95005 AREA CODE/PHONE (831)-336-4928

NAME OF ASSISTANT TREASURER, IF ANY

KAREN BROWN
MAILING ADDRESS

CITY Boulder Creek STATE CA ZIP CODE 95007 AREA CODE/PHONE 831-246-0074
OPTIONAL: FAX / E-MAIL ADDRESS

KAREN.BROWN@VOTEKARENBROWNS/WATER.COM

CITY Boulder Creek STATE CA ZIP CODE 95006 AREA CODE/PHONE (831) 338-6500
OPTIONAL: FAX / E-MAIL ADDRESS

KARENBROWN@VOTEKARENBROWNS/WATER.COM

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 9-30-2014
Date
Executed on 9/30/14
Date
Executed on 9/30/14
Date
Executed on 9-30-2014
Date

By Karen Brown
Signature of Treasurer or Assistant Treasurer
By Cont 9 Nov
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Karen Hill
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By Karen Brown
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 _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KAREN BROWN

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

SLVWD DIRECTOR (SAN LORENZO VALLEY)

RE _____ AND STREET) CITY STATE ZIP

BOULDER CREEK, CA. 95006

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ 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 1/1/14

through 9/30/14

CALIFORNIA
FORM 460

Page _____ of _____

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1,623.13	\$ 1,623.13
2. Loans Received	Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,623.13	\$ 1,623.13
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,623.13	\$ 1,623.13

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

6. Payments Made	Schedule E, Line 4	\$ 1085.05	\$ 1085.05
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1085.05	\$ 1085.05
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	\$ 1085.05	\$ 1085.05

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	\$ 1,623.13
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 1085.05
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 535.08

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
------------------------------------	--------------------	------

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

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
from 1/1/2014
through 9/30/2014

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page _____ of _____

I.D. NUMBER

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)
7/16/2014	KAREN BROWN BOULDER CREEK CA 95006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		593.00		
7/18/2014	TONE BRANCHAUD BOULDER CREEK CA 95006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K&L Supply Co Sales	500.00		
7/20/14	CRAIG EOE Melodie L. FOSTER BOULDER CREEK CA 95006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9-19-2014	COLETTE MARIE Mc LAUGH LIN GILROY, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSTRUCTOR GAULIN College	333.33		
9-23-2014	FRAN GOLDBER, BEN LAMOND CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	96.80		

SUBTOTAL \$ 1,623.13

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 1,623.13

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,623.13

***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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
Page <u>1</u> of <u> </u>	I.D. NUMBER <u>1370247</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAREN BROWN

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 airline 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 airline 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
COUNTY OF SANTA CRUZ	F.I.L.		393.00
SANTA CRUZ, CA 95060			
OFFICE MAX #871	O.F.C.		162.55
SANTA CRUZ CA 95060			
Godaddy Web Builder	WEB		145.05

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

SUBTOTAL \$ 700.60

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1085.05

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 1/1/2014
through 9/30/2014

CALIFORNIA
FORM **460**

Page 2 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAREN BROWN

I.D. NUMBER

1370247

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
<u>VISTA PRINT</u> <u>web: VISTA PRINT.COM</u>	<u>PRT</u>		<u>285.98</u>
<u>AMAZON MKT PLACE PMTS</u>	<u>OFC</u>		<u>52.77</u>
<u>PAY PAL fee</u>	<u>WEB</u>		<u>4.18</u>
<u>VISTA PRINT</u> <u>web-VISTAPRINT.COM</u>	<u>PRT</u>		<u>41.52</u>

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

SUBTOTAL \$384.45