

**Recipient Committee  
Campaign Statement  
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |   |
|--|---|
| Date Stamp<br><b>FILED</b><br>SANTA CRUZ CO ELECTION | CALIFORNIA<br>FORM <b>460</b>                       |
|  | Page <u>1</u> of <u>13</u><br>For Official Use Only |

|   |   |
|---|---|
| Statement covers period<br>from <u>1/1/14</u><br>through <u>3/17/14</u> | Date of election if applicable:<br>(Month, Day, Year) <u>6/3/14</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

**3. Committee Information**

I.D. NUMBER  
**1360850**

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

Coonerty for Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95060    | 831-212-3776    |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

ryan@ryancoonerty.com

**Treasurer(s)**

NAME OF TREASURER

Jocelyn Robinson

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95062    | 310-739-2403    |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

jocelynfrobinson@gmail.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 3/17/2014  
Date

Executed on 3/17/2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Jocelyn Robinson  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 13

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ryan Coonerty

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

Santa Cruz County Supervisor- Third District

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

Santa Cruz, CA 95060

**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<br>from <u>1/1/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>3/17/14</u>                        |                                |
| Page <u>3</u> of <u>13</u>                    | I.D. NUMBER<br>1360850         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>8825.00</u>  | \$ <u>8825.00</u>                          |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>8825.00</u>  | \$ <u>8825.00</u>                          |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>650.00</u>  | <u>650.00</u>                              |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>9475.00</u>  | \$ <u>9475.00</u>                          |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>9492.67</u>  | \$ <u>9492.67</u>                          |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>9492.67</u>  | \$ <u>9492.67</u>                          |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>650.00</u>  | <u>650.00</u>                              |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>10142.67</u>   | \$ <u>10142.67</u>                         |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>34922.25</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>8825.00</u>     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>9492.67</u>     |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>34254.58</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____           |

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

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.

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

**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 1/1/14  
through 3/17/14

CALIFORNIA FORM **460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

I.D. NUMBER

1360850

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
|               | <i>Please see attached.</i>   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8350.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 475.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8825.00

\*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

| Date Rec'd | Full Name        | Address | City, State Zip         | Code | Occupation  | Employer                                   | Amount | Cumulative | Per Elect |
|------------|------------------|---------|-------------------------|------|---|--|--------|------------|-----------|
| 3/17/2014  | Austin Comstock  |         | Santa Cruz, CA<br>95060 | IND  | Lawyer  | Self                                       | 200    | 200        | 200       |
| 1/11/2014  | Barbara Sprenger |         | Felton, CA 95018        | IND  | CEO   | Satellite<br>Telework<br>Centers           | 150    | 150        | 150       |
| 2/7/2014   | Bruce McPherson  |         | Santa Cruz, CA<br>95060 | IND  | County<br>Supervisor                                    | County of<br>Santa Cruz                    | 250    | 250        | 250       |
| 3/17/2014  | Carolyn Hyatt    |         | Santa Cruz, CA<br>95062 | IND  | playwrite   | self                                       | 400    | 400        | 400       |
| 2/3/2014   | Charles Canfield |         | Santa Cruz, CA<br>95060 | IND  | Business  | Santa Cruz Seas                            | 400    | 400        | 400       |
| 3/7/2014   | Corinne Bispo    |         | Santa Cruz, CA<br>95060 | IND  | Retired   | N/A  | 400    | 400        | 400       |
| 3/7/2014   | Crystal Birns    |         | santa cruz, CA<br>95062 | IND  | Director of<br>Strategy                                 | Nielsen<br>Architects and<br>Design Studio | 100    | 100        | 100       |
| 3/17/2014  | Dennis Smith     |         | Santa Cruz, CA<br>95063 | IND  | Retired<br>Property<br>Manager                          | N/A  | 100    | 100        | 100       |
| 3/13/2014  | Diane Klein      |         | Aptos, CA 95003         | IND  | Manager   | Self<br>The Don<br>Chapin<br>Company       | 200    | 200        | 200       |
| 2/3/2014   | Don Chapin       |         | Salinas, CA 93907       | IND  | President   |  | 100    | 100        | 100       |
| 3/13/2014  | Donna Blitzer    |         | Santa Cruz, CA<br>95060 | IND  | Director of<br>Government and<br>Community<br>Relations | UCSC                                       | 100    | 100        | 100       |
| 3/11/2014  | Ellen Gil        |         | Santa Cruz, CA<br>95060 | IND  | Retailer  | Scokshop &<br>Shoe Company                 | 250    | 250        | 250       |

|           |                   |                    |     | Small Business    |                 |     |     |     |
|-----------|-------------------|--------------------|-----|-------------------|-----------------|-----|-----|-----|
| 3/17/2014 | Gayle Ortiz       | Capitola, CA 95010 | IND | Owner             | Gayle's Bakery  | 100 | 100 | 100 |
|           |                   | Santa Cruz, CA     |     |                   |                 |     |     |     |
| 2/3/2014  | Harvey Nickelson  | 95060              | IND | Retired           | N/A             | 100 | 100 | 100 |
|           |                   | Davenport, CA      |     |                   |                 |     |     |     |
| 3/13/2014 | Homer T McCrary   | 95017              | IND | Forest Landowner  | Big Creek Lumb  | 200 | 200 | 200 |
|           |                   | Santa Cruz, CA     |     |                   | O'Neill         |     |     |     |
| 2/3/2014  | Jack O'Neill      | 95062              | IND | Founder           | Wetsuits LLC    | 200 | 200 | 200 |
|           |                   | Le Selva Beach, CA |     |                   |                 |     |     |     |
| 2/3/2014  | James VanHouten   | 95076              | IND | Retired           | N/A             | 400 | 400 | 400 |
|           |                   | Monterey, CA       |     |                   |                 |     |     |     |
| 3/14/2014 | Jeffrey W. Rice   | 93940              | IND | Physician         | Self            | 400 | 400 | 400 |
|           |                   | Scotts Valley, CA  |     |                   | City of Scotts  |     |     |     |
| 3/7/2014  | Jim Reed          | 95066              | IND | Mayor             | Valley          | 100 | 100 | 100 |
|           |                   | Santa Cruz, CA     |     |                   |                 |     |     |     |
| 2/3/2014  | John Deneffe      | 95065              | IND | Dog Teacher       | Self            | 100 | 100 | 100 |
|           |                   | Santa Cruz, CA     |     |                   |                 |     |     |     |
| 3/13/2014 | Karl J. Rice      | 95060              | IND | Finance/Real Esta | Santa Cruz Seas | 400 | 400 | 400 |
|           |                   | Santa Cruz, CA     |     |                   | Santa Cruz      |     |     |     |
| 3/13/2014 | Kathy Daly        | 95060              | IND | Owner             | Optometric      | 100 | 100 | 100 |
|           |                   | Santa Cruz, CA     |     |                   | Center          |     |     |     |
| 3/13/2014 | Kenneth Haber     | 95060              | IND | Retired           | N/A             | 200 | 200 | 200 |
|           |                   | Santa Cruz, CA     |     |                   |                 |     |     |     |
| 3/17/2014 | Lea Allen         | 95060              | IND | Manager           | Yahoo           | 250 | 250 | 250 |
|           |                   |                    |     |                   | Santa Cruz      |     |     |     |
|           |                   |                    |     | Vice President of | Seaside         |     |     |     |
| 2/3/2014  | Marq Lipton       | Aptos, CA          | IND | Marketing         | Company         | 100 | 100 | 100 |
|           |                   | Santa Cruz, CA     |     |                   |                 |     |     |     |
| 3/11/2014 | Melissa Whatley   | 95065              | IND | Government        | UCSC            | 50  | 50  | 100 |
|           |                   | Santa Cruz, CA     |     | Relations         |                 |     |     |     |
| 2/3/2014  | Norman Lezin      | 95060              | IND | Retired           | N/A             | 100 | 100 | 100 |
|           |                   | Scotts Valley, CA  |     |                   |                 |     |     |     |
| 2/7/2014  | R.P. Millslagle   | 95067              | IND | Executive VP      | Santa Cruz Seas | 400 | 400 | 400 |
| 3/13/2014 | Rowland K. Rebele | Aptos, CA 95003    | IND | Retired           | N/A             | 250 | 250 | 250 |

|   |  |     |                                    |   |     |     |     |
|---|--|-----|------------------------------------|---|-----|-----|-----|
| 3/11/2014 Scott Daly  | Santa Cruz, CA<br>95060  | IND | Optometrist                        | Santa Cruz<br>Optometric<br>Center          | 100 | 100 | 100 |
| 2/4/2014 Sherry De Boer   | Carmel, CA 93923<br>Watsonville, CA<br>95076                       | IND | Retired<br>Retired Police<br>Chief | N/A<br>N/A                                  | 400 | 400 | 400 |
| 2/3/2014 Terry Medina   | Davenport, CA<br>95017   | IND | Business                           | Santa Cruz Seas<br>Lombardo &<br>Associates | 400 | 400 | 400 |
| 3/17/2014 Tom Canfield  | Salinas, CA 93902  | IND | Attorney                           | SC County                                   | 400 | 400 | 400 |
| <u>2/28/2014 Tony Lombardo</u>  | Capitola CA 95010  | IND | Supervisor                         |   | 200 | 200 | 400 |
| 2/4/2014 Zach Friend  | County of Santa Cruz<br>Deputy Sheriffs<br>Santa Cruz, CA<br>95060 | COM | FPPC# 1323139                      |   | 250 | 250 | 250 |
| 2/4/2014 Assoc. PAC   | Salinas CA 93901   | COM | FPPC #952057                       |   | 400 | 400 | 400 |
| Dave Potter for<br>Monterey County 5th<br>3/17/2014 District Supervisor |  |     |                                    |   |     |     |     |

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from 1/1/14  
through 3/17/14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

I.D. NUMBER

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN          | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|--|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Ryan Coonerty<br>Santa Cruz, CA 95060<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director, Predpol/<br>Lecturer, UCSC  | \$ 5000.00                                       | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 5000.00<br>DATE DUE _____                       | 0 %<br>RATE                      | \$ 5000.00<br>10/18/13<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ 5000.00   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE                   | \$ _____<br>DATE INCURRED               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE                   | \$ _____<br>DATE INCURRED               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |   | \$   | \$                                 | \$   | \$ 5000.00   | \$                               |   |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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



**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1/1/14</u><br>through <u>3/17/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>9</u> of <u>13</u>     |
| I.D. NUMBER   |                                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Coonerty for Supervisor 2014

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/15/14       | Joop Rubens<br><i>Santa Cruz, CA 95062</i>   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of Development<br>Firelight Foundation  | Photography                      | 400.00                    | 400.00  | 400.00                             |
| 2/20/14       | Sharmaine Cheleden<br>Soquel, CA 95073   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Designer, Clever Quill   | Invitation design                | 250.00                    | 250.00  | 250.00                             |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 650.00**

**Schedule C Summary**

|  |                        |
|--|------------------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.) .....                                    | \$ 650.00              |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....   | \$ 0                   |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$ 650.00</b> |

**\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

|   |  |
|---|--|
| Statement covers period<br>from <u>1/1/14</u><br>through <u>3/17/14</u> | SCHEDULED<br><b>CALIFORNIA FORM 460</b><br>Page <u>10</u> of <u>13</u><br>I.D. NUMBER<br>1360850 |
|---|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 3/5/14             | Fiona Ma for State Board of Equalization  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 500.00             | 500.00  | 500.00                             |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | <b>500.00</b>      |   |                                    |

**Schedule D Summary**

|  |                 |               |
|--|-----------------|---------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....                 | \$              | <u>500.00</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 .....                                     | \$              | <u>0</u>      |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... | <b>TOTAL \$</b> | <u>500.00</u> |

**Schedule E  
Payments Made**

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

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1/1/14</u><br>through <u>3/17/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>11</u> of <u>13</u>   | I.D. NUMBER<br><b>1360850</b>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

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

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Terris Barnes and Walters<br>San Francisco, CA 94104                | CNS     |                        | 2500.00     |
| Santa Cruz County Clerk<br>Santa Cruz, CA 95060                     | FIL     |                        | 1462.00     |
| Jocelyn Robinson<br>Santa Cruz, CA 95062                            | CNS     |                        | 625.00      |

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

**SUBTOTAL \$ 4587.00**

**Schedule E Summary**

|  |                                |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>9281.24</u>              |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>211.43</u>               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ <u>0</u>                    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> <u>9492.67</u> |

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

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

SCHEDULE E (CONT.)

|                              |         |                               |
|------------------------------|---------|-------------------------------|
| Statement covers period      |         | CALIFORNIA<br>FORM <b>460</b> |
| from                         | 1/1/14  |                               |
| through                      | 3/17/14 | Page <u>12</u> of <u>13</u>   |
| NAME OF FILER                |         | I.D. NUMBER                   |
| Coonerty for Supervisor 2014 |         | 1360850                       |

SEE INSTRUCTIONS ON REVERSE

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR | DESCRIPTION OF PAYMENT           | AMOUNT PAID |
|---|---------|----------------------------------|-------------|
| Santa Cruz County Clerk<br>Santa Cruz, CA 95060                           | FIL     |                                  | 1060.00     |
| Allison Endert<br>Santa Cruz, Ca 95062                                    |         | Reimbursement for event supplies | 612.81      |
| Fiona Ma for State Board of Equalization #1343107<br>Sacramento, CA 95864 | CTB     |                                  | 500.00      |
| Jocelyn Robinson<br>Santa Cruz, CA 95062                                  | CNS     |                                  | 312.50      |
| Jocelyn Robinson<br>Santa Cruz, CA 95062                                  | OFC     |                                  | 163.80      |

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

**SUBTOTAL \$** 2649.11

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

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

SCHEDULE E (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1/1/14</u><br>through <u>3/17/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>13</u> of <u>13</u>    |
|   | I.D. NUMBER<br><u>1360850</u>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Coonerty for Supervisor 2014

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Jocelyn Robinson<br>Santa Cruz, CA 95062                               | OFC  |    |                        | 32.63       |
| Santa Cruz County Democratic Central Committee<br>Santa Cruz, CA 95060 | CTB  |    | <u>FPPC # 742230</u>   | 1500.00     |
| Jocelyn Robinson<br>Santa Cruz, CA 95062                               | CNS  |    |                        | 312.50      |
| UCSC Foundation<br>Santa Cruz, CA 95064                                | MTG  |    |                        | 200.00      |
|  |      |    |                        |             |

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

**SUBTOTAL \$** 2045.13