

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
**FILED
SANTA CRUZ CO ELECTIONS**

**CALIFORNIA
FORM 460**

Page 1 of 14

For Official Use Only

Statement covers period
from 3/18/14
through 5/17/14

Date of election if applicable:
(Month, Day, Year) 2014 MAY 21 PM 3:31
6/3/14

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
- 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

Allison Endert

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Cruz CA 95062 831-252-1365

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

allisonendert@yahoo.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 5/21/14
Date

Executed on 5/15/14
Date

Executed on _____
Date

Executed on _____
Date

By Allison Endert
Signature of Treasurer or Assistant Treasurer

By [Signature]
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
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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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input 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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>3/18/14</u>	CALIFORNIA FORM 460
through <u>5/17/14</u>	
Page <u>3</u> of <u>14</u>	I.D. NUMBER 1360850

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>10,466.00</u>	\$ <u>19,291.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>(2,500.00)</u>	\$ <u>(2,500)</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>7966.00</u>	\$ <u>16,791.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>1,200.00</u>	\$ <u>1850.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>9166.00</u>	\$ <u>18,641.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>23,699.20</u>	\$ <u>33,191.87</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>23,699.20</u>	\$ <u>33,191.87</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>1,200</u>	\$ <u>1,850.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>24899.20</u>	\$ <u>35,041.87</u>

**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 <i>Previous Summary Page, Line 16</i>	\$ <u>34,254.58</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>7966.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>379.84</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>23,699.20</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>18,901.22</u>

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 <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>2,500</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>3/18/14</u> through <u>5/17/14</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Coonerty for Supervisor 2014	I.D. NUMBER 1360850
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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)
	Please see attached.	<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				
		<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 \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>9,900.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>566.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>10,466.00</u>

***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	Name	Address	City, State Zip	Code	Occupation	Employer	Amount	Cumulative	Per Elec
3/20/2014	Andrew Liu		Salinas, CA 93908	IND	Attorney	Andrew Liu Atto	400	400	400
5/16/2014	California Real Estate Politic		Los Angeles, CA 900	COM	FPPC 890106		500	500	500
5/8/2014	Carol Berman		Soquel, CA 95073	IND	Clinical Social Worke	FSA	100	100	100
3/26/2014	Carrie McIntyre Panetta		Carmel, CA 93924	IND	Judge	State of Californ	400	400	400
3/26/2014	CDF Firefighters		Sacramento, CA 95	COM	PAC #790318		1000	1000	1000
3/19/2014	Craig French		Santa Cruz, CA 950	IND	Land Use	Andrew Liu Atto	100	100	100
3/20/2014	David Benjamin III		Carmel Valley, CA 9	IND	Executive	Triad Broudsty	400	400	400
3/20/2014	Debra Couch		Pebble Beach, CA 9	IND	Businessperson	Self	400	400	400
4/30/2014	Democratic Women's Club o		Capitola, CA 95010	IND	FPPC #1306050		400	400	400
3/20/2014	Janine Chicourrat		Carmel By The Sea, IND		General Manager	Portola Hotel ar	400	400	400
3/20/2014	Jason Burnett		Carmel, CA 93921	IND	Mayor	Carmel-by-the-S	400	400	400
4/22/2014	Jeremy Neuner		Santa Cruz, CA 950	IND	CEO	NextSpace	400	400	400
3/20/2014	Jim Hart for Sheriff 2014		Scotts Valley, CA 95	COM	FPPC #1365023		400	400	400
3/26/2014	Jimmy Panetta		Carmel, CA 93924	IND	Prosecutor	County of Mont:	100	100	350
3/30/2014	Katharine Ashley Spencer		Santa Cruz, CA 950	IND			100	100	100
3/20/2014	Kenneth Talmage		Carmel, CA 93921	IND	Vice Mayor	City of Carmel-b	400	400	400
3/30/2014	Lela Willet		Santa Cruz, CA 950	IND	Realtor	Unique Homes a	400	400	400
5/15/2014	Lou Bartfield		Aptos, CA 95003	IND	Owner	Rio Sands Motel	400	400	400
3/19/2014	Mari Tustin		Santa Cruz, CA 950	IND	Property Manager	John Stewart Co	100	100	100
4/24/2014	Mark Rhinard		Stockholm, Sweede	IND	Lecturer	Sedish Institute	100	100	100
4/9/2014	Michael Watkins		Aptos, CA 95003	IND	Superintendent	County office of	100	100	100
3/20/2014	Mitchel Winick		Carmel, CA 93923	IND	President and Dean	Monterey Colle	400	400	400
5/15/2014	Operating Engineers Local U		Alameda, CA 94502	COM	FPPC# 891403		1000	1000	1000
3/28/2014	Pamela Comstock		Santa Cruz, CA 950	IND	City Councilmember	City of Santa Cru	250	250	250
4/30/2014	Paula Panelli		Santa Cruz, CA 950	IND	Owner	Beach Liquors	100	100	100
3/30/2014	Richard Fontana		Santa Cruz,	IND	Retired	N/A	250	250	250
3/20/2014	Theodore Balestreri		Monterey, CA 9394	IND	CEO	Cannery Row Cc	400	400	400
5/10/2014	Thornton Kontz		Santa Cruz, CA 950	IND	Attorney	Thompson, Konf	100	100	100
4/9/2014	Toby Goddard		Santa Cruz, CA 950	IND	Water Manager	City of Santa Cru	100	100	100
5/16/2014	William Cunningham		Santa Cruz, CA 950	IND	Owner	Redwoods Mea	100	100	100
3/30/2014	Wistar Morris III		Charlottesville, VA	IND	Finance	Signature	200	200	200

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>3/18/14</u> through <u>5/17/14</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

I.D. NUMBER

1360850

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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Ryan Coonerty 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, UCSC	\$ 5,000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 2,500.00 <input type="checkbox"/> FORGIVEN	\$ 2,500.00 DATE DUE	0 % RATE \$ 0	\$ 5000.00 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ 5,000.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$			0 \$	2,500.00 \$	2,500.00 \$	0		

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 2,500.00
(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 \$** (2,500.00)
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 from <u>3/18/14</u> through <u>5/17/14</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1360850	

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)
3/20/14	Ryan Beauregard 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	Winemaker, Beauregard Vineyards	Wine	400.00	400.00	400.00
3/20/14	David Armanasco Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Armanasco Public Relations	Food	400.00	400.00	400.00
3/20/14	Christine Armanasco Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food	400.00	400.00	400.00
		<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 \$ 1,200.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 1,200.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0
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 \$ 1,200.00

***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 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
 from 3/18/14
 through 5/17/14

SCHEDULED
CALIFORNIA FORM 460
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 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)
4/8/14	Amanda Jackson Miller for School Board <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	150.00	150.00
5/8/14	Jim Hart for Sheriff <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		400.00	400.00	400.00
	 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				550.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 550.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 550.00

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	3/18/14	
through	5/17/14	Page <u>9</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
Coonerty for Supervisor 2014		1360850

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

I.D. NUMBER

1360850

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
The Sardine Factory Monterey, CA 93940	FND		1599.40
Amanda Jackson Miller for School Board, FPPC # 1363528 Soquel, CA 95073	CTB		150.00
Sentinel Printers Santa Cruz, CA 95060	LIT		750.38

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

SUBTOTAL \$ 2,499.78

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 23,548.07
2. Unitemized payments made this period of under \$100	\$ 151.13
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 \$ 23,699.20

**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 <u>3/18/14</u> through <u>5/17/14</u>	CALIFORNIA FORM 460
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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.

- | | | |
|--|--|--|
| 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
Terris Barnes and Walters San Francisco, CA 94104	CMP			3663.00
Sarah Curry Santa Cruz, CA 95065	LIT			75.00
Sentinel Printers Santa Cruz, CA 95060	LIT			755.81
Sarah Curry Santa Cruz, CA 95065	LIT			75.00
Terris Barnes and Walters San Francisco, CA 94104	LIT			9496.00

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

SUBTOTAL \$ 14,064.81

**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 FORM 460
from	3/18/14	
through	5/17/14	Page <u>11</u> of <u>14</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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maverick Mailing Santa Cruz, CA 95060	LIT			1583.48
Jim Hart for Sheriff, FPPC # 1365023 Scotts Valley, CA 95067	CTB			400.00
Kris Reyes Santa Cruz, CA 95060	CNS			5000.00

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

SUBTOTAL \$ 6983.48

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 3/18/14
 through 5/17/14

SCHEDULE G

CALIFORNIA FORM 460

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I.D. NUMBER
 1360850

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Coonerty for Supervisor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Terris Barnes & Walters

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 |
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| 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing San Jose, CA 95112		Printing	400.00
Pacific Printing San Jose, CA 95112		Printing	1720.00
Pacific Printing San Jose, CA 95112		Mailhouse	213.39
USPS San Mateo, CA 94497	POS		564.64

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2898.03

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 3/18/14
 through 5/17/14

SCHEDULE G

CALIFORNIA FORM **460**

Page 13 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coonerty for Supervisor 2014

I.D. NUMBER

1360850

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Terris Barnes & Walters

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bel Aire Displays Richmond, CA 94804		Printing	2065.00
Bel Aire Displays Richmod, CA 94804		Shipping	39.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2104

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 3/18/14
through 5/17/14

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 AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/19/14	Allison Endert Santa Cruz, CA 95062	Purchase was made for campaign by Ms. Endert. Campaign issued reimbursement of \$612.81 to Ms. Endert. A portion of the	374.84
		purchase was returned to the store and a refund of \$374.84 was issued to Ms. Endert. Ms. Endert then sent a \$374.84 refund to the	
		campaign.	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

374.84

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>374.84</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>5.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>379.84</u>