

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

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CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>12</u>	
For Official Use Only	

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	Date of election if applicable: (Month, Day, Year) <u>11/2/2010</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

I.D. NUMBER
742230

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

STREET ADDRESS (NO P.O. BOX)

CITY <u>SANTA CRUZ</u>	STATE <u>CA</u>	ZIP CODE <u>95060</u>	AREA CODE/PHONE <u>(831) 427-2516</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY <u>SANTA CRUZ</u>	STATE <u>CA</u>	ZIP CODE <u>95061</u>	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Terrence Hancock

MAILING ADDRESS

CITY <u>La Selva Beach</u>	STATE <u>CA</u>	ZIP CODE <u>95076</u>	AREA CODE/PHONE <u>(831) 728-7731</u>
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NAME OF ASSISTANT TREASURER, IF ANY
Ricardo De La Cruz

MAILING ADDRESS

CITY <u>Capitola</u>	STATE <u>CA</u>	ZIP CODE <u>95010</u>	AREA CODE/PHONE <u>(831) 915-4800</u>
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OPTIONAL: FAX / E-MAIL ADDRESS
 Treasurer: thancocksc@gmail.com
 Assistant Treasurer: rdelacruz13@mac.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 <u>10/19/2010</u>	By <u>[Signature]</u>
Date	Signature of Treasurer or Assistant Treasurer
Executed on _____	By _____
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____	By _____
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____	By _____
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u>
I.D. NUMBER 742230	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	<u>\$1,015.00</u>	<u>\$8,408.34</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	<u>\$1,015.00</u>	<u>\$8,408.34</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	<u>\$1,015.00</u>	<u>\$8,408.34</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	_____	_____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Expenditures Made		
6. Payments Made <i>Schedule E, Line 4</i>	<u>\$6,276.92</u>	<u>\$19,211.74</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	<u>\$6,276.92</u>	<u>\$19,211.74</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>\$0.00</u>	<u>\$0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	<u>\$6,276.92</u>	<u>\$19,211.74</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____
_____	_____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	<u>\$16,758.82</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>\$1,015.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>\$0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>\$6,276.92</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	<u>\$11,496.90</u>

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

To calculate Column B, add amounts in Column A to the corresponding amount 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>\$0.00</u>
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents <i>See instructions on reverse</i>	<u>\$0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	<u>\$0.00</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>10/1/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

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)
10/11/2010	Luis Alejo for Assembly 2010 Watsonville, CA 95076 COMMITTEE ID: 1318679	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,250.00	
10/11/2010	Brian Murtha 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	OCCUPATION: Attorney Self-Employed BUSINESS: Murtha, Brian T., Attorney	\$10.00	\$100.00	
10/11/2010	Luis Alejo Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Staff Attorney EMPLOYER: Monterey Superior Court	\$5.00	\$1,265.00	
		<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.)	\$1,015.00
2. Amount received this period - unitemized monetary contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$1,015.00

*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 E Payments Made

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

SCHEDULE E

Statement covers period from <u>10/1/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 460
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NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

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
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	clivic 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
Santa Cruz County Democratic Central Committee Santa Cruz, CA 95060 COMMITTEE ID: 742230 <u>Memo Reference: 1</u>	TSF	Transfer of September Allocable Expenses to Federal Accounts	\$5,036.20
Santa Cruz County Democratic Central Committee Santa Cruz, CA 95060 COMMITTEE ID: 742230 <u>Memo Reference: 2</u>	TSF	Transfer of October Allocable Expenses to Federal Accounts	\$1,100.12
Zach Friend Santa Cruz, CA 95060 <u>Memo Reference: 3</u>	CMP	Reimbursement for Purchase of Barbara Boxer signs & stickers	\$140.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.)	\$6,276.32
2. Unitemized payments made this period of under \$100	\$0.60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$6,276.92

Memo Reference: 1

United Democratic Campaign Organizer's Independent Contractor Salaries: 79% of \$6347.94 = \$5036.20.

Memo Reference: 2

Transfer to Federal Accounts for: October Allocable Expenses: \$1100.12 (\$734.70 Rent, \$38.05 Phone, \$47.36 DSL, \$280.01 Bookkeeping)

Memo Reference: 3

Vendor is 'Friends of Barbara Boxer' FEC ID # C00279315. \$140 will be transferred from Federal Account back to State account, since Barbara Boxer is a Federal Candidate.
