

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date: FILED SANTA CRUZ CO ELE	CALIFORNIA 2001/02 FORM 460
2014 OCT -8 AM 10:22	Page <u>1</u> of <u>16</u> For Official Use Only

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2014</u>
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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
742230

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

STREET ADDRESS (NO P.O. BOX)

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

CITY SANTA CRUZ	STATE CA	ZIP CODE 95061	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
info@cruzdemocrats.org

Treasurer(s)

NAME OF TREASURER
Jack Dilles

CITY Scotts Valley	STATE CA	ZIP CODE 95066	AREA CODE/PHONE (831) 438-4808
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NAME OF ASSISTANT TREASURER, IF ANY
Ricardo De La Cruz

MAILING ADDRESS

CITY Capitola	STATE CA	ZIP CODE 95010	AREA CODE/PHONE (831) 915-4800
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OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: jackdilles@yahoo.com
Assistant Treasurer: rdlc13@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 10/5/2014
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>16</u>
I.D. NUMBER 742230	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$3,905.06	\$24,420.18
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$3,905.06	\$24,420.18
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$3,905.06	\$24,420.18

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	\$2,987.37	\$16,113.94
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$2,987.37	\$16,113.94
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$2,987.37	\$16,113.94

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	\$15,877.51
13. Cash Receipts Column A, Line 3 above	\$3,905.06
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00
15. Cash Payments Column A, Line 8 above	\$2,987.37
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$16,795.20

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 Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>16</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

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)
7/23/2014	Ryan Coonerty for Supervisor 2014 Santa Cruz, CA 95060 COMMITTEE ID: 1360850	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40.00	\$1,540.00	
7/23/2014	People's Democratic Club Santa Cruz, CA 95065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$175.00	\$300.00	
8/14/2014	Jack Dilles Scotts Valley, CA 95066 Memo Reference: 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Trustee / Finance Director EMPLOYER: Santa Cruz County Office of Education / Regional Government Services	\$115.00	\$750.00	
8/14/2014	Michael Shulman Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Engineer EMPLOYER: Underwriters Laboratory	\$60.00	\$260.00	
9/10/2014	Mark Friends of Mark Stone for Assembly 2014 Sacramento, CA 95814 COMMITTEE ID: 1353830 Memo Reference: 2	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$1,500.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$3,750.00
2. Amount received this period - unitemized monetary contributions of less than \$100	\$155.06
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$3,905.06

*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 A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>16</u>
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NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

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)
9/10/2014	Luis Alejo for Assembly 2014 Salinas, CA 93901 COMMITTEE ID: 1353603	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$540.00	
9/10/2014	John Friends of John Leopold for Supervisor no Santa Cruz, CA 950632386 COMMITTEE ID: 1342624	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
9/10/2014	Monterey/Santa Cruz Counties Building & Construction Trades Council Political Action League	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$500.00	
9/10/2014	James Heaney Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: County Planner EMPLOYER: Santa Cruz City	\$100.00	\$100.00	
9/10/2014	Lowell Hurst for Council Watsonville, CA 95076 COMMITTEE ID: 1345496	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$350.00	
SUBTOTAL \$						

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(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>16</u>
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NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

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)
9/10/2014	Bruce Van Allen for City Council 2014 Santa Cruz, CA 95073 COMMITTEE ID: 1368050	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
9/10/2014	Don Lane 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: City Council EMPLOYER: Santa Cruz City	\$55.00	\$205.00	
9/11/2014	Jeremy Shonick 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: Candidate for School Board EMPLOYER: Santa Cruz City	\$100.00	\$100.00	
9/12/2014	Kimberly de Serpa Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: School Trustee EMPLOYER: Pajaro Valley USD	\$100.00	\$180.00	
9/14/2014	Democratic Women's Club Santa Cruz, CA 95060 COMMITTEE ID: 1306050	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,075.00	
SUBTOTAL \$						

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>16</u>
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NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

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)
9/14/2014	Pajaro Valley Cesar Chavez Democratic Club Watsonville, CA 95076 COMMITTEE ID: 1280743	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$810.00	
9/18/2014	Laborers Union Local 270 Sacramento, CA 95814 COMMITTEE ID: 901351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$200.00	\$450.00	
9/10/2014	Stephanie Harlan Capitola, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Registered Nurse / Mayor EMPLOYER: Salinas Valley Hospital / City of Capitola	\$55.00	\$335.00	
		<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 \$						

***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.

SCHEDULE D

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

DATE	NAME OF CANDIDATE, 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)
9/30/2014	Friends of Mark Stone for Assembly 2014	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Use of Office Space	\$83.50	\$83.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Memo Reference: 3			
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$83.50
- Unitemized contributions and independent expenditures made this period of under \$100 \$6.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) \$89.50

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from 7/1/2014 through 9/30/2014	CALIFORNIA FORM 460
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NAME OF FILER
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER
742230

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	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
Santa Cruz Democratic Central Committee Santa Cruz, CA 95060 COMMITTEE ID: 742230 Memo Reference: 4		Transfer from State to Federal Accounts	\$879.16
Santa Cruz Democratic Central Committee Santa Cruz, CA 95060 COMMITTEE ID: 742230 Memo Reference: 5		Transfer from State to Federal Accounts	\$619.66
Santa Cruz Democratic Central Committee Santa Cruz, CA 95060 COMMITTEE ID: 742230 Memo Reference: 6		Transfer from State to Federal Accounts	\$1,488.55

* 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.)	\$2,987.37
2. Unitemized payments made this period of under \$100	\$0.00
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.)	\$2,987.37

Memo Reference: 1

This period: \$60.00 8/14/2014 \$55.00 9/10/2014

Memo Reference: 2

\$250 on 9/10/14 \$1000 on 9/29/14 (Also reported via F497)

Memo Reference: 3

Office Space use in August: 37 hrs. Sept: 46.50 hrs.

Memo Reference: 4

Transfer of State portion of Allocable Expenses paid originally out of the Federal Account: H4 Allocable for June 2014: 85% of \$382.50 of \$450 Rent Green Valley Corp 6/1/2014. \$61.85 of \$72.56 DSL&Telephone Cruzio 6/3/2014. \$351.80 of \$413.88 Christine J Hicks 6/4/2014. Reimburse to C.Walter for Pride Parade Fee \$76.50 of \$90.00 6/27/2014 Transfer of State portion of Allocable Expenses for Event - paid originally out of the Federal Account: H4 Allocable for June 2014: 53% of merchant fees: \$6.52 of \$12.30

Memo Reference: 5

Transfer of State portion of Allocable Expenses paid originally out of the Federal Account: H4 Allocable for July 2014: 85% of \$382.50 of \$450 Rent Green Valley Corp 7/1/2014. \$61.85 of \$72.56 DSL&Telephone Cruzio 7/3/2014. \$175.31 of \$206.25. Christine J Hicks 7/4/2014.

Memo Reference: 6

Transfer of State portion of Allocable Expenses paid originally out of the Federal Account: H4 Allocable for August 2014: 85% of \$382.50 of \$450 Rent Green Valley Corp 8/1/2014. \$61.84 of \$72.55 DSL&Telephone Cruzio 8/3/2014. \$413.36 of \$486.30. Christine J Hicks 8/24/2014. \$187 of \$220.00 USPS Bulk Mailing Permit 8/19/2014. \$100.40 of \$118.12 Reimb to J.Hall (USPS) certified mailing 8/23/2014 \$177.48 of \$208.80 to Donovan's Signs (banner) 8/24/2014. \$165.44 of \$194.44 Reimb to C.Walters for headquarters cleaning & maps 8/28/14 Transfer of State portion of EVENT allocable expenses 40% of merchant fees: \$0.53 of \$1.33 to First Data Services 8/5/14