

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED  
Date Stamp  
SANTA CRUZ CO ELECTIONS

CALIFORNIA  
2001/02  
FORM **460**

Page 1 of 15

For Official Use Only

## Statement covers period

from 10/1/2014

through 10/18/2014

## Date of election if applicable: (Month, Day, Year)

**2014 OCT 23 AM 10: 23**

11/4/2014

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 STATE ZIP CODE AREA CODE/PHONE  
SANTA CRUZ CA 95060 (831) 427-2516

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

CITY STATE ZIP CODE AREA CODE/PHONE  
SANTA CRUZ CA 95061

OPTIONAL: FAX / E-MAIL ADDRESS  
info@cruzdemocrats.org

### Treasurer(s)

NAME OF TREASURER  
Jack Dilles

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Scotts Valley CA 95066 (831) 438-4808

NAME OF ASSISTANT TREASURER, IF ANY  
Ricardo De La Cruz

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Capitola CA 95010 (831) 915-4800

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 10/20/2014  
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

Recipient Committee  
Campaign Statement  
Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

*List names of*

*officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>10/1/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>15</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	\$4,056.85	\$30,474.89
2. Loans Received ..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$4,056.85	\$30,474.89
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$0.00	\$3,454.50
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$4,056.85	\$33,929.39

## 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	\$6,250.97	\$22,364.91
7. Loans Made ..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$6,250.97	\$22,364.91
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$0.00	\$3,454.50
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$6,250.97	\$25,819.41

## 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	\$16,795.20
13. Cash Receipts ..... Column A, Line 3 above	\$4,056.85
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$1,997.86
15. Cash Payments ..... Column A, Line 8 above	\$6,250.97
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$16,598.94

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$0.00
---	--------

## 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

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.

# Schedule A

## Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 10/1/2014 through 10/18/2014	CALIFORNIA FORM <b>460</b> Page 4 of 15
---	---

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)
10/6/2014	Operating Engineers Local Union Alamada, CA 94502 COMMITTEE ID: 891403	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$1,700.00	
10/14/2014	Hawthorne For School Board - 2014 Santa Cruz, CA 95061 COMMITTEE ID: 1367847	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$497.97	\$497.97	
10/14/2014	Re Elect Deb Tracy-Proulx Santa Cruz, CA 95062 COMMITTEE ID: 1367584	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$497.97	\$497.97	
10/14/2014	Cynthia Chase for Santa Cruz City Council Santa Cruz, CA 95060 COMMITTEE ID: 1368369	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$497.97	\$497.97	
10/14/2014	Richelle Noroyan for City Council 2014 Santa Cruz, CA 95060 COMMITTEE ID: 1366665	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$292.00	\$1,292.00	

**SUBTOTAL \$**

### Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$4,056.85
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.)	<b>TOTAL \$4,056.85</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 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 10/1/2014  
through 10/18/2014

CALIFORNIA  
FORM **460**

Page 5 of 15

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)
10/14/2014	Ken Wadman for School Board Santa Cruz, CA 95060 COMMITTEE ID: 1368561	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$497.97	\$497.97	
10/14/2014	Elect David Terrazas 2014 Santa Cruz, CA 95060 COMMITTEE ID: 1367730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$292.00	\$347.00	
10/17/2014	Elect David Terrazas 2014 Santa Cruz, CA 95060 COMMITTEE ID: 1367730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$205.97	\$552.97	
10/17/2014	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		\$1,000.00	\$1,540.00	
10/17/2014	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		\$75.00	\$450.00	
<b>SUBTOTAL \$</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.

SCHEDULE D

Statement covers period from <u>10/1/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM <b>460</b> Page <u>8</u> of <u>15</u>
---	---

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)
10/3/2014	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	\$6.00	\$89.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Memo Reference: 1			
10/10/2014	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	\$6.00	\$95.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Memo Reference: 2			
10/18/2014	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	\$8.00	\$103.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Memo Reference: 3			
SUBTOTAL \$						

## Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$20.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... \$20.00

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period from 10/1/2014 through 10/18/2014	CALIFORNIA FORM <b>460</b>
	Page 9 of 15

SEE INSTRUCTIONS ON REVERSE

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	\$3,573.11
Santa Cruz Democratic Central Committee  Santa Cruz, CA 95060 COMMITTEE ID: 742230 Memo Reference: 5		Levin Fund Transfer for Voter Reg Activity originally paid out of Federal Account	\$680.00
Felipe Hernandez  Watsonville, CA 95076  Memo Reference: 6		Error - should have been paid out of Federal Account - Will be transferred to correct	\$1,997.86

\* 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.)	\$6,250.97
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.)	\$6,250.97

# Schedule I

## Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period  
from 10/1/2014  
through 10/18/2014

CALIFORNIA  
FORM **460**

Page 12 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DEMOCRATIC PARTY OF SANTA CRUZ COUNTY

I.D. NUMBER  
742230

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/14/2014	Santa Cruz Democratic Central Committee  Santa Cruz, CA 95060 COMMITTEE ID: 742230 Memo Reference: 7	Correction of accidental state check use.	\$1,997.86
SUBTOTAL \$			

### Schedule I Summary

1. Itemized increases to cash this period. ....	\$1,997.86
2. Unitemized increases to cash of under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... TOTAL	\$1,997.86



---

Memo Reference: 1  
6hrs on 10/1 & 10/2

---

Memo Reference: 2  
6hrs 10/7 & 10/8

---

Memo Reference: 3  
8 hrs 10/14 & 10/16

---

---

Memo Reference: 4

Transfer of State portion of Allocable Expenses paid originally out of the Federal Account: H4 Allocable for September 2014: 85% of \$1232.50 of \$1450.00 Rent Green Valley Corp 9/1/2014. \$61.84 of \$72.55 DSL&Telephone Cruzio 9/5/2014. \$128.56 of \$1151.25 Christine J Hicks 9/12/2014. \$319.60 of \$376.00 Reimb to D.Luhrman for Constant Contact & Event Site Fee 9/9/2014 \$612.00 of \$720.00 to Coco Walters for Campaign Coordinator 9/17/2014 \$333.65 of \$392.53 Reimb to C.Walters for headquarters Office Supplies 9/25/14 Transfer of State portion of EVENT allocable expenses 52% of merchant fees: \$3.32 of \$6.39 to First Data Services 9/2/14 Reimb to L.Steiner for Event expenses: \$881.64 of \$1695.46 9/9/2014.

---

Memo Reference: 5

Transfer of State Funds to Federal Account for Voter Reg Expense: Voter Reg Coordinator: 8% of \$800 = \$680.

---

Memo Reference: 6

Accidental use of State check to pay expense which should have been paid out of the Federal account: \$1997.86 paid to Felipe Hernandez: \$1440 for Campaign Coordinator Independent Contractor and \$557.86 for reimbursements of campaign headquarter expenses. This transaction is corrected on 10/14/2014 with a transfer from the committee's Federal account to the State Account.

---

Memo Reference: 7

In correction of accidental use of State Check on 10/8/14 to pay Campaign Coordinator and Campaign Expense reimbursement. Deposit to State Account from Federal Account of same committee to correct for accidental use of State check to pay expense which should have been paid out of the Federal account: \$1997.86 paid to Felipe Hernandez: \$1440 for Campaign Coordinator Independent Contractor and \$557.86 for reimbursements of campaign headquarter expenses.