

**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. CLERK 12 OCT -5 AM 7:37	CALIFORNIA 2001/02 FORM Page <u>1</u> of <u>48</u> For Official Use Only
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Statement covers period from <u>7/1/2012</u> through <u>9/30/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/2012</u>
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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
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<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 |
|--|--|

3. Committee Information

I.D. NUMBER
1342648

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Hammer for Supervisor 2012

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Felton</u>	<u>CA</u>	<u>95018</u>	<u>831-234-5369</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Donna Williams

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Felton</u>	<u>CA</u>	<u>95018</u>	<u>831-336-2938</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

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 10-4-2012
Date

Executed on 10-4-2012
Date

Executed on _____
Date

Executed on _____
Date

By Donna Williams
Signature of Treasurer or Assistant Treasurer

By Eric C. [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**

Page 3 of 48

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Eric Hammer

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor District 5 Santa Cruz County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Brookdale, CA 95007

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 NONE	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. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

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 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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>7/1/2012</u> through <u>9/30/2012</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>48</u>	I.D. NUMBER 1342648

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>29,386.10</u>	\$ <u>61,234.30</u>
2. Loans Received Schedule B, Line 3	<u>2,461.90</u>	<u>8,761.90</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>31,848.00</u>	\$ <u>69,996.20</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>299.00</u>	<u>913.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>32,147.00</u>	\$ <u>70,909.20</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 Schedule E, Line 4	\$ <u>30,915.03</u>	\$ <u>73,992.84</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>30,915.03</u>	\$ <u>73,992.84</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>(2,000.00)</u>	<u>(2,000.00)</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>299.00</u>	<u>913.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>29,214.03</u>	\$ <u>72,905.84</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 Previous Summary Page, Line 16	\$ <u>1,961.91</u>
13. Cash Receipts Column A, Line 3 above	<u>31,848.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>30,915.03</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,894.88</u>

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>6,761.90</u>

*Since January 1, 2001. 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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>48</u>	ID NUMBER 1342648

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

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)
07/05/2012	Mr Michael A Mihalik Boulder Creek, CA 95006-9600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	\$100.00 P12
07/05/2012	Mrs Susan M Mihalik Boulder Creek, CA 95006-9600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$200.00	\$600.00	\$400.00 P12 \$200.00 G12
07/05/2012	Mrs Susan M Mihalik Boulder Creek, CA 95006-9600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$200.00	\$600.00	\$400.00 P12 \$200.00 G12
07/07/2012	Steve Markey Boulder Creek, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Foreman Hammer Construction Inc	\$400.00	\$400.00	\$400.00 G12

SUBTOTAL \$ 900.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	26,486.10
2. Amount received this period - unitemized monetary contributions of less than \$100	2,900.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	29,386.10

* Contributor Codes
IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>48</u>	
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
07/07/2012	Ms Leslie S Steiner Felton, CA 95018-9078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Self	\$50.00	\$100.00	\$125.00 P12
07/12/2012	Mr Luke H Goodrich Boulder Creek, CA 95006-8602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$100.00	\$100.00 P12
07/12/2012	Mrs Roberta L Mc Pherson Boulder Creek, CA 95006-9504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$100.00	\$249.00	\$249.00 P12
07/14/2012	Ms Elizabeth K North Ben Lomond, CA 95005-9312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager North Glass	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12

SUBTOTAL \$ 600.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>48</u>
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
07/15/2012	Charles Criswell Santa Cruz, CA 95062-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$250.00	\$250.00	\$250.00 G12
07/17/2012	William Manis Morgan Hill, CA 95037-9160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grocer Albertsons	\$400.00	\$400.00	\$400.00 G12
07/18/2012	Linda K Fawcett Ben Lomond, CA 95005-9422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12
07/18/2012	Eugene Handloff San Jose, CA 95124-1742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$200.00	\$400.00	\$400.00 P12 \$200.00 G12

SUBTOTAL \$ 1,250.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 7 of 48
NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
07/18/2012	Eugene Handloff San Jose, CA 95124-1742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$200.00	\$400.00	\$400.00 P12 \$200.00 G12
07/24/2012	Mr Lawrence D Ford Felton, CA 95018-9253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist L D Ford Rangeland Conservation	\$150.00	\$300.00	\$350.00 P12
07/25/2012	Naomi Brauner Santa Cruz, CA 95060-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Philanthropy Community Bridges	\$50.00	\$100.00	\$50.00 P12 \$50.00 G12
07/26/2012	William Carr Santa Cruz, CA 95062-5326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	contractor self	\$400.00	\$400.00	\$400.00 P12

SUBTOTAL \$	800.00	
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* Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
07/26/2012	Evan Wells Brookdale, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	carpenter Hammer Construction	\$400.00	\$400.00	\$400.00 P12
08/01/2012	Clive R Belvoir Boulder Creek, CA 95006-9702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Country Home Inspection & Termite	\$50.00	\$100.00	\$100.00 P12
08/01/2012	Ms Michele E Estrin-Gelblum Boulder Creek, CA 95006-9302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mitchell, Silberbeig & Knupp	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12
08/02/2012	Jason L Segers Felton, CA 95018-9306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrician Putt Construction	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12

SUBTOTAL \$ 1,250.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/03/2012	Jim Sikora Ben Lomond, CA 95005-9711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired School Business Official N/A	\$100.00	\$100.00	\$100.00 P12
08/03/2012	Mrs Mary Beth Sundram Boulder Creek, CA 95006-9502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12
08/06/2012	Glenn T Armstrong Brookdale, CA 95007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$100.00	\$100.00	\$100.00 P12
08/06/2012	Paul Elerick Aptos, CA 95003-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired NA	\$300.00	\$500.00	\$400.00 P12 \$100.00 G12

SUBTOTAL \$	900.00
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* Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	
ID NUMBER 1342648	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/06/2012	Paul Elerick Aptos, CA 95003-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired NA	\$100.00	\$500.00	\$400.00 P12 \$100.00 G12
08/08/2012	Michael M Adams Boulder Creek, CA 95006-9287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$400.00	\$400.00 P12
08/08/2012	Ms Ronaele J Findley Boulder Creek, CA 95006-9476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$35.00	\$120.00	\$120.00 P12
08/08/2012	Carol A Fuller Santa Cruz, CA 95060-2424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$50.00	\$100.00	\$100.00 P12

SUBTOTAL \$ 585.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>48</u>
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/08/2012	Kyle Kinder Boulder Creek, CA 95006-9473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Machine Operator Mark Kinder	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12
08/08/2012	Mr Mark A Kinder Boulder Creek, CA 95006-9393	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor self	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12
08/08/2012	Sandy Kinder Boulder Creek, CA 95006-9125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	homemaker n/a	\$400.00	\$400.00	\$400.00 P12
08/08/2012	Mr Douglas R Urbanus Ben Lomond, CA 95005-9749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$75.00	\$115.00	\$115.00 P12

SUBTOTAL \$ 1,275.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

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)
08/08/2012	Ronell B Wight Ben Lomond, CA 95005-9294	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$400.00	\$400.00 P12
08/09/2012	Louis Versman Soquel, CA 95073-9401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Warehouse Direct	\$300.00	\$499.00	\$399.00 P12 \$100.00 G12
08/09/2012	Louis Versman Soquel, CA 95073-9401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Warehouse Direct	\$100.00	\$499.00	\$399.00 P12 \$100.00 G12
08/10/2012	Joan M Barton Boulder Creek, CA 95006-9355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	graphic artist retired	\$100.00	\$150.00	\$150.00 P12

SUBTOTAL \$ 900.00

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 (Other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

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)
08/10/2012	Dr. Arthur M Liu Boulder Creek, CA 95006-9412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	medical doctor retired	\$99.00	\$198.00	\$198.00 P12
08/10/2012	Ms Merle A Lustia Santa Cruz, CA 95064-1065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	health planner self employed	\$200.00	\$200.00	\$200.00 P12
08/10/2012	Matthew Nathanson Santa Cruz, CA 95060-6823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RN County of Santa Cruz	\$125.00	\$225.00	\$225.00 P12
08/10/2012	Mrs Kristine T Waskell Felton, CA 95018-9448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$200.00	\$200.00	\$200.00 P12

SUBTOTAL \$ 624.00

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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 14 of 48
NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

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)
08/12/2012	John C Fasolas Felton, CA 95018-9166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Contractor Self	\$200.00	\$300.00	\$400.00 P12
08/12/2012	Donald D Fredrickson Jr. Capitola, CA 95010-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12
08/12/2012	Mr Donald A Fredrickson Santa Cruz, CA 95060-1031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Internet Service Provider Got.Net	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12
08/12/2012	Margaret L Fredrickson Capitola, CA 95010-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Weichert	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12

SUBTOTAL \$ 1,400.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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)
08/13/2012	Henry R Searle Santa Cruz, CA 95060-6224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$200.00	\$350.00	\$350.00 P12
08/14/2012	Morgan Koch Santa Cruz, CA 95061-0825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	auditor santa cruz county	\$50.00	\$100.00	\$100.00 P12
08/14/2012	Mr Paul L Machlis Felton, CA 95018-9226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$200.00	\$598.00	\$398.00 P12 \$200.00 G12
08/14/2012	Linda Wilshusen Santa Cruz, CA 95062-2816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$350.00	\$200.00 P12 \$250.00 G12

SUBTOTAL \$	700.00
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 (Other than PTY or SCC)
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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/15/2012	Larry Darnell Felton, CA 95018-9165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscape self	\$99.00	\$149.00	\$50.00 P12 \$99.00 G12
08/16/2012	Monterey/Santa Cruz Counties Building & Construction Trades 850048 Marina, CA 93933-5109	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	\$1,000.00 P12 \$1,000.00 G12
08/16/2012	Mr Roland B Schambeck Boulder Creek, CA 95006-9428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$99.00	\$279.00	\$279.00 P12
08/18/2012	Daniel Alper Santa Cruz, CA 95060-9634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$100.00	\$100.00	\$100.00 G12

SUBTOTAL \$	1,298.00
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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>48</u>
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/18/2012	Judith M Darnell Felton, CA 95018-9165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Public Policy United Ways of California	\$99.00	\$249.00	\$339.00 P12
08/19/2012	Mrs Nancy E Currier Boulder Creek, CA 95006-8901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$400.00	\$400.00 P12
08/19/2012	Joan Frey Santa Cruz, CA 95060-9725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	school teacher retired	\$100.00	\$100.00	\$100.00 P12
08/19/2012	Phyllis J Root Incline Village, NV 89451-7449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$100.00	\$200.00	\$200.00 P12

SUBTOTAL \$	699.00
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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>48</u>

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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)
08/20/2012	John Kegebin Mount Hermon, CA 95041-0452	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$100.00	\$100.00	\$100.00 G12
08/20/2012	Dave Pedigree Capitola, CA 95010-3633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Diamond D Company	\$400.00	\$400.00	\$400.00 P12
08/21/2012	Mr John H Glenn Felton, CA 95018-9440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor self	\$200.00	\$400.00	\$200.00 P12 \$200.00 G12
08/21/2012	Ms Elinor R Wapner Boulder Creek, CA 95006-9126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$300.00	\$400.00	\$100.00 P12 \$300.00 G12

SUBTOTAL \$	1,000.00
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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 19 of 48
NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

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)
08/22/2012	Mr Leonard Rosellini Santa Cruz, CA 95060-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$100.00	\$100.00	\$100.00 G12
08/22/2012	Judy H Warner Santa Cruz, CA 95060-4231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50.00	\$100.00	\$50.00 P12 \$50.00 G12
08/23/2012	IBEW Local Union 234 PAC 1316529 Castroville, CA 95012-3307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	\$1,000.00 P12 \$1,000.00 G12
08/23/2012	Luis A Alejo Watsonville, CA 95076-4705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	28th District Democratic	\$150.00	\$150.00	\$150.00 G12

SUBTOTAL \$	1,300.00
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER: **Hammer for Supervisor 2012** ID NUMBER: **1342648**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/23/2012	Ron Pomerantz Santa Cruz, CA 95060-6103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Firefighter City of San Jose	\$100.00	\$150.00	\$150.00 P12
08/24/2012	Mr Jay W Baker Boulder Creek, CA 95006-8817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$400.00	\$650.00	\$250.00 P12 \$400.00 G12
08/24/2012	Michael Holton Brooksville, FL 34601-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$250.00	\$450.00	\$300.00 P12 \$250.00 G12
08/24/2012	Elizabeth Lilienthal Ben Lomond, CA 95005-9334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	homemaker self	\$100.00	\$100.00	\$100.00 G12

SUBTOTAL \$ 850.00

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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/25/2012	Jeffrey Smedberg Santa Cruz, CA 95062-2213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner County of Santa Cruz	\$100.00	\$300.00	\$200.00 P12 \$100.00 G12
08/25/2012	Mrs Anna C Smith Boulder Creek, CA 95006-9316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Director Annie Glass	\$100.00	\$200.00	\$100.00 P12 \$100.00 G12
08/25/2012	Mrs Pamela G Spehar Boulder Creek, CA 95006-9035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	realtor Coldwell Banker	\$60.00	\$160.00	\$120.00 P12 \$60.00 G12
08/25/2012	Ms Sandra J Spiegel Boulder Creek, CA 95006-9023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	social worker Teleacare	\$100.00	\$100.00	\$100.00 G12

SUBTOTAL \$	360.00
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>22</u> of <u>48</u>
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
08/26/2012	Marilyn Handloff San Jose, CA 95124-1742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$400.00	\$400.00	\$400.00 P12
08/26/2012	Julie Kimball Boulder Creek, CA 95006-0763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Kimball Group	\$400.00	\$600.00	\$200.00 P12 \$400.00 G12
08/26/2012	Mr Ralph B Kimball Boulder Creek, CA 95006-9565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Kimball Group	\$400.00	\$400.00	\$400.00 P12
08/26/2012	Jeff Wells Ben Lomond, CA 95005-9487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager Opporunity Fund	\$25.00	\$100.00	\$50.00 P12 \$50.00 G12

SUBTOTAL \$	1,225.00
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 PTY - Political Party
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
Page <u>23</u> of <u>48</u>	ID NUMBER 1342648

NAME OF FILER

Hammer for Supervisor 2012

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)
08/27/2012	Mr Speed B Leas Boulder Creek, CA 95006-9566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$100.00	\$300.00	\$300.00 P12
08/28/2012	Mrs Mabel R Baker Boulder Creek, CA 95006-8817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$400.00	\$650.00	\$250.00 P12 \$400.00 G12
09/01/2012	Michael E Breeden Santa Cruz, CA 95065-1851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Monterey County	\$100.00	\$100.00	\$100.00 G12
09/01/2012	Jack Dilles Santa Cruz, CA 95060-3826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SC County Trustee SC County Office of Ed	\$75.00	\$175.00	\$175.00 P12

SUBTOTAL \$ 675.00

* Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>48</u>

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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)
09/01/2012	John V Guthrie San Carlos, CA 94070-1809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	\$300.00 G12
09/01/2012	Ms Lynn L Mc Kibbin Boulder Creek, CA 95006-9526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12
09/01/2012	Robert Orser Scotts Valley, CA 95066-3000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$50.00	\$100.00	\$50.00 P12 \$50.00 G12
09/01/2012	Paula Reed Kiehne Soquel, CA 95073-2229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$100.00	\$160.00	\$60.00 P12 \$100.00 G12

SUBTOTAL \$	850.00
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 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in Ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers perio from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>25</u> of <u>48</u>

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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)
09/01/2012	Celia Scott Santa Cruz, CA 95060-3312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney Self	\$75.00	\$174.00	\$99.00 P12 \$75.00 G12
09/01/2012	Adam Spickler Santa Cruz, CA 95062-2524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative Assemblymember Bill Monning	\$50.00	\$149.00	\$99.00 P12 \$50.00 G12
09/01/2012	Jeff Wells Ben Lomond, CA 95005-9487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager Opportunity Fund	\$25.00	\$100.00	\$50.00 P12 \$50.00 G12
09/03/2012	Mr Donald E Dietrich Scotts Valley, CA 95066-3925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heavy Equipment Operator Local 3	\$100.00	\$200.00	\$200.00 P12

SUBTOTAL \$	250.00
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 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in Ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 26 of 48

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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)
09/03/2012	Mrs Sondra L Keane Boulder Creek, CA 95006-9645	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$175.00	\$75.00 P12 \$100.00 G12
09/06/2012	Mr David W Gorley Scotts Valley, CA 95066-4618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	\$200.00	\$200.00	\$200.00 G12
09/06/2012	Ms Julia A Horner Ben Lomond, CA 95005-9319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technical Writer Cisco Systems	\$20.00	\$119.00	\$99.00 P12 \$20.00 G12
09/09/2012	Stephanie A Singer Santa Cruz, CA 95060-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Manager Sutter Maternity Center	\$150.00	\$150.00	\$150.00 G12

SUBTOTAL \$	470.00
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 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>48</u>

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
09/09/2012	David W Yule Santa Cruz, CA 95061-1732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse Community Hospital of the Monterey	\$250.00	\$250.00	\$250.00 G12
09/11/2012	Ms Roberta H Bromberger Santa Cruz, CA 95060-3717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired N/A	\$99.00	\$198.00	\$99.00 P12 \$99.00 G12
09/11/2012	Diane M Mc Clish Boulder Creek, CA 95006-9503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	landscape designer self-employed	\$100.00	\$150.00	\$50.00 P12 \$100.00 G12
09/11/2012	Mr James F Mosher Felton, CA 95018-9215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public health lawyer The CDM Group, Inc.	\$400.00	\$400.00	\$400.00 G12

SUBTOTAL \$	849.00
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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	09/30/2012	Page 28 of 48
NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
09/12/2012	Vic Brooks Aptos, CA 95003-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction self	\$300.00	\$600.00	\$300.00 P12 \$300.00 G12
09/12/2012	Vic Brooks Aptos, CA 95003-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction self	\$100.00	\$600.00	\$300.00 P12 \$300.00 G12
09/12/2012	Diane E Hamilton Boulder Creek, CA 95006-8707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Boulder Creek Recreation And Park	\$400.00	\$800.00	\$400.00 P12 \$400.00 G12
09/13/2012	David D Weiss Felton, CA 95018-9448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher River Sanctuary Publishing	\$100.00	\$100.00	\$100.00 P12

SUBTOTAL \$ 900.00

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 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>29</u> of <u>48</u>

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
09/13/2012	Mrs Donna R Ziel Ben Lomond, CA 95005-9759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Cabrillo College Dist	\$100.00	\$200.00	\$200.00 P12
09/14/2012	Mr Mark T Mullins Boulder Creek, CA 95006-9342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager walgreens/unemployeed	\$400.00	\$400.00	\$400.00 G12
09/15/2012	Ms Julie E Hendriks Boulder Creek, CA 95006-9493	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired n/a	\$400.00	\$700.00	\$300.00 P12 \$400.00 G12
09/15/2012	Mr Lawrence A Prather Boulder Creek, CA 95006-9493	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director San Lorenzo Valley Water District	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12

SUBTOTAL \$	1,300.00
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
09/16/2012	James Heaney Santa Cruz, CA 95062-1254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Building Plan Checker Santa Cruz County	\$152.10	\$256.30	\$104.20 P12 \$152.10 G12
09/16/2012	Helga Hess Santa Cruz, CA 95065-1438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self	\$250.00	\$250.00	\$250.00 G12
09/18/2012	Harry F Clark Boulder Creek, CA 95006-9783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Painter SLVUSD	\$100.00	\$100.00	\$100.00 G12
09/19/2012	Ms Darl T Beatty Felton, CA 95018-9127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	legislative analyst government agency	\$100.00	\$100.00	\$100.00 G12

SUBTOTAL \$	602.10	
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in Ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>31</u> of <u>48</u>
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
09/23/2012	Ms Karen H Ehrlich Felton, CA 95018-8802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$25.00	\$125.00	\$100.00 P12 \$25.00 G12
09/24/2012	Operating Engineers Local Union No 3 891403 Alameda, CA 94502-7085	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,400.00	\$400.00 P12 \$1,000.00 G12
09/24/2012	Amy Andrews Carlsbad, CA 92009-8939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RV park owner self	\$400.00	\$400.00	\$400.00 G12
09/24/2012	Lawrence J Andrews Santa Cruz, CA 95060-9744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	rv park owner self	\$400.00	\$400.00	\$400.00 P12 \$400.00 G12

SUBTOTAL \$ 1,825.00

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>32</u> of <u>48</u>
ID NUMBER 1342648	

NAME OF FILER

Hammer for Supervisor 2012

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)
09/24/2012	Barbara Sprenger Felton, CA 95018-9206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Satellite Telework Centers, Inc.	\$200.00	\$200.00	\$400.00 P12 \$200.00 G12
09/26/2012	Delwyn Pezzoni Aptos, CA 95003-4832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$100.00	\$100.00	\$100.00 P12
09/27/2012	Alexander Gaguine Santa Cruz, CA 95060-6108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired retired	\$100.00	\$250.00	\$150.00 P12 \$100.00 G12
09/29/2012	Vicki S Dyas Brookdale, CA 95007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	art teacher retired	\$200.00	\$200.00	\$400.00 P12

SUBTOTAL \$ 600.00

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 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>33</u> of <u>48</u>
NAME OF FILER Hammer for Supervisor 2012	
ID NUMBER 1342648	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
09/29/2012	Mrs Roberta L Mc Pherson Boulder Creek, CA 95006-9504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$99.00	\$249.00	\$249.00 P12
09/30/2012	Steven W Singer Santa Cruz, CA 95060-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental consultant self-employed	\$150.00	\$350.00	\$350.00 P12

SUBTOTAL \$	249.00	
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 SCC - Small Contributor

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 34 of 48

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	(a) OUTSTANDING BALANCE BEGINNING THIS	(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
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$950.00	\$0.00	<input checked="" type="checkbox"/> PAID \$950.00 <input type="checkbox"/> FORGIVEN \$0.00	\$0.00 None DATE DUE	0.00% RATE \$0.00	\$950.00 10/07/2011 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$4,000.00	\$0.00	<input checked="" type="checkbox"/> PAID \$4,000.00 <input type="checkbox"/> FORGIVEN \$0.00	\$0.00 None DATE DUE	0.00% RATE \$0.00	\$4,000.00 10/18/2011 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$1,000.00	\$0.00	<input checked="" type="checkbox"/> PAID \$1,000.00 <input type="checkbox"/> FORGIVEN \$0.00	\$0.00 None DATE DUE	0.00% RATE \$0.00	\$1,000.00 11/14/2011 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$13,500.00
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$11,038.10
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$2,461.90 <small>(May be a negative number)</small>

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

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

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

** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be
rounded

SCHEDULE B - PART 1

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page <u>35</u> of <u>48</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	(a) OUTSTANDING BALANCE BEGINNING THIS	(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
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$4,000.00	\$0.00	<input checked="" type="checkbox"/> PAID \$4,000.00 <input type="checkbox"/> FORGIVEN \$0.00	\$0.00 None DATE DUE	0.00% RATE \$0.00	\$4,000.00 01/06/2012 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$300.00	\$0.00	<input checked="" type="checkbox"/> PAID \$300.00 <input type="checkbox"/> FORGIVEN \$0.00	\$0.00 None DATE DUE	0.00% RATE \$0.00	\$300.00 02/25/2012 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$2,000.00	\$0.00	<input checked="" type="checkbox"/> PAID \$788.10 <input type="checkbox"/> FORGIVEN \$0.00	\$1,211.90 None DATE DUE	0.00% RATE \$0.00	\$2,000.00 05/29/2012 DATE INCURRED	CALENDAR YEAR \$14,711.90 PER ELECTION** P12 \$1,211.90 G12 \$13,500.00

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$13,500.00
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$11,038.10
3. Net change this period. (Subtract Line 2 from Line 1.)	\$2,461.90
NET	(May be a negative number)

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

† Contributor Codes

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

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

** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

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	(a) OUTSTANDING BALANCE BEGINNING THIS	(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
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$0.00	\$3,500.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$3,500.00 None DATE DUE	0.00% RATE \$0.00	\$3,500.00 09/19/2012 DATE INCURRED	CALENDAR YEAR PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
Eric C Hammer Brookdale, CA 95007 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	local business owner Hammer Construction Inc	\$0.00	\$10,000.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$10,000.00 None DATE DUE	0.00% RATE \$0.00	\$10,000.00 09/28/2012 DATE INCURRED	CALENDAR YEAR PER ELECTION** P12 \$1,211.90 G12 \$13,500.00
SUBTOTALS			\$13,500.00	\$0.00	\$13,500.00	\$0.00		

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$13,500.00
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$11,038.10
3. Net change this period. (Subtract Line 2 from Line 1.)	\$2,461.90
NET	(May be a negative number)

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

† Contributor Codes
IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE C

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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)
09/02/2012	Bruce Oneto Boulder Creek, CA 95006-9010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	food for event	\$212.00	\$262.00	\$50.00 P12 \$212.00 G12
09/02/2012	Terry L Vierra Boulder Creek, CA 95006-9451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director San Lorenzo Valley Water District	wine and beverages	\$87.00	\$351.00	\$264.00 P12 \$87.00 G12

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 299.00

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$299.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4 and 10.)	TOTAL \$299.00

* Contributor Codes

IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 38 of 48

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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 expense	SAL	campaigns 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 <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle International Inc Washington, DC 20003-1164	PRO		\$356.32
Miss Amanda M Robinson Felton, CA 95018-9306	OFC		\$45.55
Miss Amanda M Robinson Felton, CA 95018-9306	OFC		\$56.00

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

SUBTOTAL \$ 457.87

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E Subtotals.)	\$ 30,593.96
2. Unitemized payments made this period of under \$100	\$ 321.07
3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
	<u>\$ 30,915.03</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 FORM 460
from	07/01/2012	
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NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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 campaigns 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
Miss Amanda M Robinson Felton, CA 95018-9306	SAL		\$2,000.00
Satellite Telework Centers Felton, CA 95018-9710	OFC		\$200.00
ASAP Salinas, CA 93901-2729	PRT		\$2,000.00

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

SUBTOTAL \$ 4,200.00

**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
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NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	campaigns 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns Washington, DC 20003-1164	OFC		\$356.32
Martella Printing Salinas, CA 93901-2615	CMP		\$348.65
Satellite Telework Centers Felton, CA 95018-9710	OTH		\$283.15
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 988.12

**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	07/01/2012	
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NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	campaigns 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Randy Tunnell Photography Monterey, CA 93940-6302	PRO		\$800.00
Valerie Guardiola Carmel Valley, CA 93924-9652	OFC		\$244.61
ASAP Salinas, CA 93901-2729	PRT		\$3,172.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 4,216.61

**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
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NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

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 expense	SAL campaigns 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
Miss Amanda M Robinson Felton, CA 95018-9306	POS		\$135.00
Santa Cruz County Clerk Santa Cruz, CA 95060-4003	OFC		\$1,374.00
Carter Printing Company Des Moines, IA 50316-3611	CMP		\$491.70
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL \$			2,000.70

**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	07/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Hammer for Supervisor 2012	I.D. NUMBER 1342648
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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 campaigns 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
Carter Publishing	CMP		\$491.70
Political Frameworks Carmel Valley, CA 93924-9652	CNS		\$4,000.00
Miss Amanda M Robinson Felton, CA 95018-9306	SAL		\$2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 6,491.70

**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	07/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Hammer for Supervisor 2012	ID NUMBER 1342648
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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 campaigns 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
Complete Campaigns Washington, DC 20003-1164	OFC			\$350.00
Miss Amanda M Robinson Felton, CA 95018-9306	OFC		Postage	\$135.00
Political Frameworks Carmel Valley, CA 93924-9652	CNS			\$4,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 4,485.00

**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	07/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	campaigns 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns Washington, DC 20003-1164	OFC		\$350.00
Santa Cruz County Clerk Santa Cruz, CA 95060-4003	OTH		\$75.00
Satellite Telework Centers Felton, CA 95018-9710	OFC		\$416.55
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL \$			841.55

**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
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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 campaigns 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 Walters San Francisco, CA 94104-1219	LIT		\$2,903.00
Automated Mailing Services Monterey, CA 93942-1906	LIT		\$2,009.41
Miss Amanda M Robinson Felton, CA 95018-9306	PHO		\$1,650.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 6,562.41

**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	07/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

ID NUMBER

1342648

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	campaigns 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns Washington, DC 20003-1164	OFC		\$350.00

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

SUBTOTAL \$ 350.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 48 of 48
NAME OF FILER		ID NUMBER
Hammer for Supervisor 2012		1342648

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hammer for Supervisor 2012

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 expense	SAL	campaigns 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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE
Miss Amanda M Robinson Felton, CA 95018-9306	CNS	\$0.00	\$2,000.00	\$0.00	\$2,000.00

* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$0.00	\$2,000.00	\$0.00	\$2,000.00
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Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	2,000.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	TOTAL \$	2,000.00

May be a negative number