

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp  
**FILED**  
**SANTA CRUZ CO ELECTIONS**  
**2014 MAY 30 AM 10:57**

**CALIFORNIA FORM 460**

Page 1 of 9  
For Official Use Only

Statement covers period  
from 5/18/14  
through 5/29/14

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
*(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
FPPC 1365023

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Jim Hart for Sheriff 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Scotts Valley CA 95066 8312273316

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Scotts Valley CA 95067

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Kathy Samms

CITY STATE ZIP CODE AREA CODE/PHONE  
Aptos CA 95003 8315882596

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 5/29/14  
Date  
Executed on 5/30/14  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer  
By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Jim Hart
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Sheriff-Coroner
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: Santa Cruz, CA 95060

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

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>5/18/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>5/29/14</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER FPPC 1365023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Hart for Sheriff 2014

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>4121.00</u>	\$ <u>58386.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>4121.00</u>	\$ <u>58386.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>4121.00</u>	\$ <u>58386.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

	Column A	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>14559.89</u>	\$ <u>57608.05</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>14559.89</u>	\$ <u>57608.05</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>14559.89</u>	\$ <u>57608.05</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
____/____/____	\$ _____
____/____/____	\$ _____

	Column A
12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>11216.84</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>4121.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>14559.89</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>777.95</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ _____
--	----------

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>5/18/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>5/29/14</u>	
Page <u>4</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Hart for Sheriff 2014

I.D. NUMBER

FPPC 1365023

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)
	See Attached	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3650.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 471.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4121.00

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

Schedule A  
 Monetary Contributions Received  
 Jim Hart for Sheriff 2014

Statement covers period  
 from 5/18/14  
 through 5/29/14

Date Received	Contributor Code	Occupation/Employer	Amount Received This Period	Cumulative To Date	Per Election To Date
5/19/2014	Alex Gonzalez	Ind Sergeant Sheriff's Office Boulder Creek, CA 95006	\$400.00	\$400.00	\$400.00
5/18/2014	Val Brenner	Ind Deputy Sheriff's Office Soquel, CA 95073	\$100.00	\$100.00	\$100.00
5/22/2014	Timothy F Loustalot	Ind Golf professional City of Santa Cruz Santa Cruz, CA 95065	\$400.00	\$400.00	\$400.00
5/22/2014	Buck Harris	Ind Self Employed Investigator Scotts Valley, 95066	\$100.00	\$100.00	\$100.00
5/28/2014	Peace Officer Research Assoc. of Cal. PORAC PAC	Recipient Comm Sacramento, CA 95834	\$250.00	\$250.00	\$250.00
5/28/2014	James Cartwright	Ind Doctor Self Employed Santa Cruz, CA 95062	\$400.00	\$400.00	\$400.00
5/26/2014	Shannon T Bugge A San Jose, CA 95124	Ind Student	\$250.00	\$250.00	\$250.00
5/27/2014	David J Bachan	Ind Retired Aptos, CA 95003	\$400.00	\$400.00	\$400.00

5/9

Schedule A  
 Monetary Contributions Received  
 Jim Hart for Sheriff 2014

Statement covers period  
 from 5/18/14  
 through 5/29/14

Date Received	Contributor Code	Occupation/Employer	Amount Received This Period	Cumulative To Date	Per Election To Date
5/22/2014	Ind	Retired Anne B Friscia Santa Cruz, CA 95060	\$100.00	\$100.00	\$100.00
5/19/2014	Ind	Nurse Monterey Peninsula Courtney A Ross Scotts Valley, CA 95066	\$300.00	\$300.00	\$300.00
5/20/2014	Ind	Retired Terry K Locatelli Boulder Creek, 95006	\$100.00	\$100.00	\$100.00
5/20/2014	Ind	Retired Stephen D Walpole Scotts Valley, CA 95066	\$150.00	\$150.00	\$150.00
5/20/2014	Ind	Supervisor 5th District Bruce A McPherson Santa Cruz, CA 95060	\$200.00	\$200.00	\$200.00
5/19/2014	Ind	Police officer City of Sunnyvale Jason C Wowak Ben Lomond, CA 95005	\$100.00	\$100.00	\$100.00
5/25/2014	Ind	Retired Kim Allyn Santa Cruz, CA 95060	\$200.00	\$300.00	\$300.00
5/25/2014	Ind	Council Donna R Lind Scotts Valley, CA 95066	\$100.00	\$100.00	\$100.00

6/9

Schedule A  
Monetary Contributions Received  
Jim Hart for Sheriff 2014

Statement covers period  
from 5/18/14  
through 5/29/14

Date Received	Contributor Code	Occupation/Employer	Amount Received This Period	Cumulative To Date	Per Election To Date
5/29/2014	Ind	Jeremy Ray Fire Captain City of Santa Clara, CA Santa Cruz, CA 95062	\$100.00	\$100.00	\$100.00
		TOTAL	\$3,650.00		

7/9

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	5/18/14	
through	5/29/14	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Jim Hart for Sheriff 2014		FPPC 1365023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jim Hart for Sheriff 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Press-Banner Scotts Valley, CA 95066	PRT			633.75
Aptos Chamber of Commerce Aptos, CA 95003	PRT			235.00
Mpress Digital Inc Santa Cruz, CA 95060	PRT			212.06

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1080.81**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	14454.78
2. Unitemized payments made this period of under \$100 .....	\$	105.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<b>14559.89</b>



**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	5/18/14	
through	5/29/14	Page <u>9</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Jim Hart for Sheriff 2014		FPPC 1365023

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maverick Mailing LLC Santa Cruz, CA 95060	LIT			1149.97
Amanda Robinson Felton, CA 95018	CNS			2000.00
Michaels on Main Soquel, CA 95073	FND			500.00
Terris, Barnes & Walters San Francisco, CA 94104	LIT			9724.00

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

**SUBTOTAL \$ 13373.97**