					SHURT FORM
Recipient Committee Campaign Statement – Short Form	Type or print in ink.	,	Date Stamp	CALIFORNIA FORM	
FOR USE INSTRUCTIONS ON REVERSE For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.	State fresh covers period from 1/1/15 through (30/15	Date of election if applicable (Month, Day, Year)	•	Page	of
1. Type of Recipient Committee:		2. Type of Stateme	nt:		
Ballot Measure Committee O Primarily Formed O Controlled O Sponsored O Sponsored O Sponsored		☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-year Report ☐ Supplemental Pre-election Statement - Attach Form 495			
☐ Primarily Formed Candidate/ Officeholder Committee		Amendment (Explai (Also check type of stater			
3. Committee Information	1.D. NUMBER. 1264996	Treasurer(s)			
Latino Political Action Comitte	e of Santa Cruz County	NAME OF TREASURER CEI	rvantez		
CITY Watsonville STATE ZIP COL	DE AREA CODE/PHONE 5076 83-840 1907	NAME OF ASSISTANT TREASUR	STATE ZI CA ER, IF ANY	95076 ARES	CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA	CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
I have used all reasonable, diligence in preparing and re under penalty of perjury under the laws of the State of C Executed on	eviewing this statement and to the be California that the foregoing is true a	est of my knowledge the information of the informat		s true and complete.	I certify
Executed on	SIGNATURE OF CONTROLLING O	OFFICEHOLDER, CANDIDATE, STATE MEASU			·
DATE Executed on		E OF CONTROLLING OFFICEHOLDER, CAND	IDATE, STATE MEASURE PROPO	DNENT	
DATE	BySIGNATURE	E OF CONTROLLING OFFICEHOLDER, CAND	IDATE, STATE MEASURE PROPO	DNENT	'

Recipient Committee
Campaign Statement
Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SHORT FORM	
Statement/covers period from	CALIFORNIA FORM	450	
through 6/30/15	Page of		
	I.D. NUMBER		

Summary Page	w more dollars.	from	FORM TOO
		through 6/30/15	Page of
NAME OF COMMITTEE		<u> </u>	I.D. NUMBER
Latino Political Action Committee of	Santa Cruz County		1264996
Expenditures Made	J	·	~
1. Expenditures of \$100 or more made this period			\$
2. Expenditures under \$100 made this period (Not itemized.)		•••••	48.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	
4. Nonmonetary Adjustment	•••••	From Line 8 Below	8
5. Total expenditures made from previous statement			\$
(If this is the first statement for the calendar year, enter zero	D.)		. 48.00
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$ 7000
Contributions Received			
7. Monetary contributions received this period	••••••		\$
8. Non-monetary contributions received this period			<u> </u>
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter zero	 D.)	Previous Summary Page, Line 10	\$
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$ _
Current Cash Statement			2211 00
11. Beginning cash balance		Previous Summary Page, Line 15	\$ 2311.00
12. Cash receipts this period		Line 7 above	
13. Miscellaneous increases to cash			\$
14. Cash expenditures this period		Line 3 above	48.00
15. ENDING CASH BALANCE THIS PERIOD	Add Lines	11 + 12 + 13, then subtract Line 14	\$ 2263.00