

# Recipient Committee Campaign Statement Cover Page

Date Stamp  
**FILED**  
SANTA CRUZ CO ELECTIONS  
2016 FEB -1 AM 11:55  
**COPY**

CALIFORNIA FORM **460**

Page 1 of 24

For Official Use Only

Statement covers period  
from 7/1/15  
through 12/31/15

Date of election if applicable:

(Month, Day, Year) 2016 FEB -1 AM 11:55

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

### 3. Committee Information

I.D. NUMBER  
**1342624**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of John Leopold-Supervisor 2016

STREET ADDRESS (NO P.O. BOX)

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95062    | 831-479-3810    |

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

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95063    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

john@friendsofjohnleopold.com

### Treasurer(s)

NAME OF TREASURER

Tom Starkey

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95062    | 831-475-3128    |

NAME OF ASSISTANT TREASURER, IF ANY

John Leopold

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Cruz | CA    | 95062    | 831-479-3810    |

OPTIONAL: FAX / E-MAIL ADDRESS

Tom Starkey: mcftjs@gmail.com

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/2016  
Date

Executed on 2-1-16  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Tom Starkey  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John Leopold

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Santa Cruz County Board of Supervisors-District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Santa Cruz CA 95062

**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<br><u>N/A</u>                   | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
N/A

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

|   |                       |   |
|---|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE<br><u>N/A</u> | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE               | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/15</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/15</u>                       |                                |
| Page <u>3</u> of <u>24</u>                    | I.D. NUMBER<br><u>1342624</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of John Leopold-Supervisor 2016

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3   | \$ <u>24,323</u>   | \$ <u>24,323</u>                           |
| 2. Loans Received..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>24,323</u>   | \$ <u>24,323</u>                           |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>24,323</u>   | \$ <u>24,323</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>1,832.47</u>   | \$ <u>2,472.47</u>                         |
| 7. Loans Made..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>1,832.47</u>   | \$ <u>2,472.47</u>                         |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>1,832.47</u>   | \$ <u>2,472.47</u>                         |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|   |                     |
|---|---------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>5,692.05</u>  |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>24,323</u>       |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>            |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>1,832.47</u>     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>28,182.58</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).

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

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

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

## Cash Equivalents and Outstanding Debts

|  |             |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>24</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of John Leopold-Supervisor 2016

I.D. NUMBER

1342624

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/27/15           | John Wilkes<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 11/27/15           | David Adams<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Cosmetologist<br>David Adams Salon  | 100                         | 100  |                                       |
| 11/27/15           | Marcella Hall<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 11/27/15           | Gary Patton<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Attorney   | 100                         | 100  |                                       |
| 11/27/15           | Rosemary Kendall<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed Artist  | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

## Schedule A Summary

|   |                 |               |
|---|-----------------|---------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | 22,000        |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | 2,323         |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | <b>24,323</b> |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>5</u> of <u>24</u>   |  |                                |
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b>          |  | I.D. NUMBER<br><b>1342624</b>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 11/27/15           | James Bishop<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100   |                                    |
| 11/27/15           | Lisa Martone<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100   |                                    |
| 11/27/15           | Anna Selistar<br>Soquel, CA 95073   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100   |                                    |
| 11/27/15           | Judy Parsons<br>Soquel, CA 95073  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100   |                                    |
| 11/27/15           | Karen Zelin<br>Santa Cruz, CA 95065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed   | 100                         | 100   |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |   |                                    |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>24</u> |
| I.D. NUMBER<br><b>1342624</b>  |                            |

NAME OF FILER

Friends of John Leopold-Supervisor 2016

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/27/15           | Arnold Left<br>Boulder Creek, CA 95006  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MD  | 100                         | 100  |                                       |
| 11/27/15           | Denise Elerick<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dental Hygienist<br>Michael Carlton DDS   | 100                         | 100  |                                       |
| 11/27/15           | Anthony Sloss<br>Santa Cruz, CA 95065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Supervising Analyst<br>County of Santa Cruz   | 100                         | 100  |                                       |
| 11/27/15           | Jeremy Shonick<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>UCSC   | 100                         | 100  |                                       |
| 12/16/15           | Katharine Minott<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Researcher<br>B. Productions   | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

**\*Contributor Codes**

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>7</u> of <u>24</u> |
| I.D. NUMBER<br><b>1342624</b>  |                            |

NAME OF FILER

Friends of John Leopold-Supervisor 2016

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Matthew Nathanson<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Health Nurse<br>Santa Cruz County  | 100                         | 100  |                                       |
| 12/16/15           | Craig Reinarman<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/16/15           | Esperanza Nee<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/16/15           | Mia Marcovici<br>Villanova, PA 19085  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/16/15           | Rowland Rebele<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

\*Contributor Codes

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 7/1/15   |                            |
| through                 | 12/31/15 | Page <u>8</u> of <u>24</u> |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Sanjay Khandelwal<br>Los Gatos, CA 95033  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager, Agilent Technologies   | 100                         | 100  |                                       |
| 12/16/15           | Blair Jackson<br>Oakland, CA 94606  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Editor, Stringletter Publishing   | 100                         | 100  |                                       |
| 12/16/15           | Debbie Bulger<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/16/15           | Linda Wilshusen<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/16/15           | Richard Boston<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

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



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>9</u> of <u>24</u>     |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b> | I.D. NUMBER<br><b>1342624</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Eric Hammer<br>Brookdale, CA 95007  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Contractor, Eric Hammer<br>Construction, Inc  | 100                         | 100  |                                       |
| 12/16/15           | Allison Guevara<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Consultant   | 100                         | 100  |                                       |
| 12/21/15           | Scott Roseman<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/28/15           | Sandra Rappaport<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/28/15           | Diane Cook<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500</b>                  |  |                                       |

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 10 of 24                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Mary Ellen McTamaney<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/28/15           | George Wolfe<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  |                                       |
| 12/28/15           | Neil Wiley<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Publisher, Mountain Network News  | 100                         | 100  |                                       |
| 12/28/15           | John Speyer<br>Watsonville, CA 95076  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Filmmaker, Self Employer  | 100                         | 100  |                                       |
| 11/27/15           | Dan Haifley<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Director<br>O'Neill Sea Odssey  | 150                         | 150  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>550</b>                  |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 11 of 24                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Denise Holbert<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200                         | 200  |                                       |
| 12/28/15           | Anne Evans<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200                         | 200  |                                       |
| 12/28/15           | Doug O'Brien<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Agricultural Consulting  | 200                         | 200  |                                       |
| 12/31/15           | Barry Hill<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vice President, Nokia   | 200                         | 200  |                                       |
| 11/27/15           | Stephanie Harlan<br>Capitola, CA 95010  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 250                         | 250  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1050</b>                 |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 12 of 24                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/27/15           | Eugene Novagratsky<br>Freedom, CA 95019   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jewler  | 250                         | 250  |                                       |
| 11/27/15           | Patti Eller-Robb<br>Santa Cruz, CA 95062  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Management<br>The Walt Eller Company  | 250                         | 250  |                                       |
| 11/27/15           | Kathleen Poitevin<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 250                         | 250  |                                       |
| 12/16/15           | Pat O' Neil<br>Santa Cruz, CA 95063   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President and CEO<br>O' Neil Wetsuits LLC   | 250                         | 250  |                                       |
| 12/16/15           | Peter Rode<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 250                         | 250  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 1250                        |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>13</u> of <u>24</u>    |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b> | I.D. NUMBER<br><b>1342624</b> |
|---|-------------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/21/15           | Brian Dueck<br>Aptos, CA 95003  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager, Yogurtland   | 250                         | 250  |                                       |
| 11/27/15           | Sheldon Kamieniecki<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dean, UCSC  | 300                         | 300  |                                       |
| 11/27/15           | Reed Giesreiter<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker, Comerica Bank   | 400                         | 400  |                                       |
| 11/27/15           | George Couch<br>Watsonville, CA 95077   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Person, Couch Distributing Inc   | 400                         | 400  |                                       |
| 12/16/15           | Carolyn Hyatt<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1750</b>                 |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |          |                                |
|---|----------|--------------------------------|
| Statement covers period                 |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                    | 7/1/15   |                                |
| through                                 | 12/31/15 | Page 14 of 24                  |
| NAME OF FILER                           |          | I.D. NUMBER                    |
| Friends of John Leopold-Supervisor 2016 |          | 1342624                        |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Paul Elerick<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| 12/16/15           | Jonathan Wittwer<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Wittwer/Parkin LLP  | 400                         | 400  |                                       |
| 12/16/15           | Alec Webster<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| 12/16/15           | Jack O'Neil<br>Santa Cruz, CA 95062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Board Chairman, Self Employed   | 400                         | 400  |                                       |
| 12/16/15           | Kaiya Bercow<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner, SCU Inc   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 2000                        |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 15 of 24                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/16/15           | Emily Farver<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner, SCU Inc   | 400                         | 400  |                                       |
| 12/21/15           | Graham Edwards<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Co-Director Non Profit Santa Cruz KPC   | 400                         | 400  |                                       |
| 12/21/15           | Khalil Moutawakki<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Drector Non Profit Santa Cruz KPC   | 400                         | 400  |                                       |
| 12/28/15           | Susan Sanders<br>Los Gatos, CA 95033  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | House Wife  | 400                         | 400  |                                       |
| 12/28/15           | Jonathan Sanders<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer, Netflix   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>2000</b>                 |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 16 of 24                  |

NAME OF FILER

Friends of John Leopold-Supervisor 2016

I.D. NUMBER

1342624

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Gordon Smedt<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Artist/Painter  | 400                         | 400  |                                       |
| 12/28/15           | Amy Kemp<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Kemp Law Firm   | 400                         | 400  |                                       |
| 12/28/15           | Paul Kemp<br>Los Gatos, CA 95033  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney Kemp Law Firm  | 400                         | 400  |                                       |
| 12/28/15           | John Herr<br>Los Gatos, CA 95033  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed Psychologist  | 400                         | 400  |                                       |
| 12/28/15           | James Bowen<br>Los Gatos, CA 95033  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 2000                        |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

|                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| Statement covers period |                         | CALIFORNIA<br>FORM <b>460</b> |
| from <u>7/1/15</u>      | through <u>12/31/15</u> |                               |
|                         |                         | Page <u>17</u> of <u>24</u>   |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b> | I.D. NUMBER<br><b>1342624</b> |
|---|-------------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Jerold O'Brien<br>Los Gatos, CA 95031   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Wine Grower, Silver Mtn Vineyards   | 400                         | 400  |                                       |
| 12/28/15           | Randa Hadayia<br>Watsonville, CA 95076  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director, Herbal Cruz   | 400                         | 400  |                                       |
| 12/28/15           | Jarrad Pecorado<br>Watsonville, CA 95076  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director, Herbal Cruz   | 400                         | 400  |                                       |
| 12/28/15           | Allan Palmer<br>Soquel, CA 95073  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Development, Apex Design  | 400                         | 400  |                                       |
| 12/28/15           | Josephine Roberto<br>Santa Cruz, CA 95065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales, Herbal Care  | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>2000</b>                 |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/15   |                                |
| through                 | 12/31/15 | Page 18 of 24                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of John Leopold-Supervisor 2016 | I.D. NUMBER<br>1342624 |
|--|------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Gary Polder<br>Watsonville, CA 95076  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| 12/28/15           | Adrian Goss<br>Santa Cruz, CA 95063   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed, Artist   | 400                         | 400  |                                       |
| 12/28/15           | Jesse Bower<br>Scotts Valley, CA 95066  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Farmer, Utopia Farms  | 400                         | 400  |                                       |
| 12/28/15           | Alexis Baker<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed, Cleaning Services  | 400                         | 400  |                                       |
| 12/28/15           | Gretchen Cortes<br>Santa Cruz, CA 95066   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary,<br>Scotts Valley Fire Dept.  | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 2000                        |  |                                       |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>19</u> of <u>24</u>    |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b> | I.D. NUMBER<br><b>1342624</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Isiah Dawid<br>Scotts Valley, CA 95066  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant, Zay-Tech  | 400                         | 400  |                                       |
| 12/28/15           | Nicholas Bryan<br>Aptos, CA 95003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager, Echo Global Logistics  | 400                         | 400  |                                       |
| 12/28/15           | Joshua Rich<br>Ben Lomond, CA 95005   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed, Contractor   | 400                         | 400  |                                       |
| 12/28/15           | Peter Rich<br>Ben Lomond, CA 95005  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed, Contractor   | 400                         | 400  |                                       |
| 12/28/15           | Barbara Imhoff<br>Freedom, CA 95019   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Nurse Practitioner, Stanford Hospital   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>2000</b>                 |  |                                       |

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |          |                                |
|---|----------|--------------------------------|
| Statement covers period                 |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                    | 7/1/15   |                                |
| through                                 | 12/31/15 | Page 20 of 24                  |
| NAME OF FILER                           |          | I.D. NUMBER                    |
| Friends of John Leopold-Supervisor 2016 |          | 1342624                        |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/28/15           | Mary Allen<br>Santa Cruz, CA 95060  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pilates Instructor,<br>Coastline Pilates  | 400                         | 400  |                                       |
| 12/28/15           | Chenoa Hanlon<br>Upper Lake, CA 95485   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Care Giver, Coastline<br>Support Services   | 400                         | 400  |                                       |
| 12/28/15           | Joanne Dawid<br>Scotts Valley, CA 95066   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Administrator, Baymonte<br>School   | 400                         | 400  |                                       |
| 12/28/15           | Bryce Berryesson<br>Felton, CA 95018  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed,<br>Sustainable Agricultural<br>Services  | 400                         | 400  |                                       |
| 12/28/15           | Betsy Fullagar<br>Los Gatos, CA 95033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 2000                        |  |                                       |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |                 |                               |
|-------------------------|-----------------|-------------------------------|
| Statement covers period |                 | CALIFORNIA<br>FORM <b>460</b> |
| from                    | <u>7/1/15</u>   |                               |
| through                 | <u>12/31/15</u> | Page <u>21</u> of <u>24</u>   |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Friends of John Leopold-Supervisor 2016</b> | I.D. NUMBER<br><b>1342624</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| 12/28/15      | David Fullagar<br>Los Gatos, CA 95033   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 400                         | 400  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$ 400**

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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>7/1/15</u><br>through <u>12/31/15</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>22</u> of <u>24</u> |
| I.D. NUMBER<br>1342624   |                             |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of John Leopold-Supervisor 2016

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|--|---------------------------|--------------------|---|------------------------------------|
| 9/17/15            | Santa Cruz County Democratic Central Committee<br>Santa Cruz, CA 95061 FPPC#742230<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Fundraising Donation      | 60                 | 160   |                                    |
| 10/1/15            | Friends of Mark Stone for Assembly-2016<br>Monterey, CA 93942 FPPC #1373630<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose        | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Fundraising Donation      | 100                | 100   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |  |  |                           | <b>160</b>         |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 160
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL.. \$ 160

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |          |                                |
|---|----------|--------------------------------|
| Statement covers period                 |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                    | 7/1/15   |                                |
| through                                 | 12/31/15 | Page <u>23</u> of <u>24</u>    |
| NAME OF FILER                           |          | I.D. NUMBER                    |
| Friends of John Leopold-Supervisor 2016 |          | 1342624                        |

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Constant Contact  | WEB     | Constituent newsletter e mail maintenance for the Months of July, August, September, October, November and December | 570         |
| Branciforte Fire Protection District<br>SANTA CRUZ, CA 95062        | CVC     | Donation to District Building Fund  | 200         |
| East Santa Cruz Post Office<br>Santa Cruz, CA 95062                 | POS     | P.O. Box rental renewal   | 130         |
| <b>SUBTOTAL \$</b>  |         |   | <b>900</b>  |

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

**Schedule E Summary**

|  |                         |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 1579                 |
| 2. Unitemized payments made this period of under \$100   | \$ 253.47               |
| 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 \$ 1832.47</b> |

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

Amounts may be rounded  
to whole dollars.

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 7/1/15   |                            |
| through                 | 12/31/15 | Page 24 of 24              |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of John Leopold-Supervisor 2016

I.D. NUMBER  
1342624

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                | CODE OR | DESCRIPTION OF PAYMENT    | AMOUNT PAID |
|--|---------|---------------------------|-------------|
| Santa Cruz Main Post Office<br>Santa Cruz, CA 95060                                | POS     | Bulk Permit renewal       | 225         |
| Santa Cruz County Democratic Central Committee<br>Santa Cruz, CA 95060 FPPC#742230 | CTB     | Fundraising Contribution  | 60          |
| Friends of Mark Stone for Assembly 2016<br>Monterey, CA 93942 FPPC#1373630         | CTB     | Contribution to Campaign  | 100         |
| Santa Cruz Main Post Office<br>Santa Cruz, CA 95060                                | POS     | Postage Stamps for Mailer | 294         |
|  |         |                           |             |

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

**SUBTOTAL \$ 679**