

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp ✓ SANTA CRUZ 12 OCT 24 8:10:36	CALIFORNIA FORM 460
	Page 1 of 13
	For Official Use Only

Statement covers period from 10-1-12 through 10-20-12	Date of election if applicable: (Month, Day, Year) Nov. 6, 2012
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
11343208

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

McPherson for Supervisor 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Cruz CA 95060 831-345-4800

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

CITY STATE ZIP CODE AREA CODE/PHONE
Felton CA 95018 Same

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deanna Musler

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Soquel CA 95073 831-475-7395

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 October 24, 2012
Date

Executed on October 24, 2012
Date

Executed on _____
Date

Executed on _____
Date

By Deanna Musler
Signature of Treasurer or Assistant Treasurer

By Eric McPherson
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.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bruce McPherson

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

County Supervisor, Fifth District

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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10-1-12</u> through <u>10-20-12</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER 11343208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McPherson for Supervisor 2012

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>19,426.00</u>	\$ <u>144,697.85</u>
2. Loans Received Schedule B, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>19,426.00</u>	\$ <u>144,697.85</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>4,754.40</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>19,426.00</u>	\$ <u>149,452.25</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	\$ <u>67,024.85</u>	\$ <u>77,673.00</u>
21. Expenditures Made	\$ <u>104,168.78</u>	\$ <u>77,695.78</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>42,945.92</u>	\$ <u>181,865.15</u>
7. Loans Made Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>42,945.92</u>	\$ <u>181,865.15</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>42,945.92</u>	\$ <u>181,865.15</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>35,235.21</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>19,426.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>-0-</u>
15. Cash Payments Column A, Line 8 above	\$ <u>42,945.92</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>11,715.29</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>
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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**

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

SCHEDULE A

Statement covers period from <u>10-1-12</u> through <u>10-20-12</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>13</u>	I.D. NUMBER 11343208S

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McPherson for Supervisor 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	SEE ATTACHED SCHEDULE A	<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				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>18,025.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>1,401.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>19,426.00</u>

*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

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-1-12 through 10-20-12

	Name & Address	Occupation/Employer	Amount	Cumulative 2012
10-2-12	Anderson, Darius Sonoma, CA 95476	Partner Platinum Advisors	400	400
10-1-12	Anderson, Sarah Sonoma, CA 95476	Homemaker	400	400
10-9-12	Andrews, Lawrence Carlsbad, CA 92009	Manager Unitvest	400	499
10-1-12	Appenrodt, Joe Aptos, CA 95003	Real Estate Broker Appenrodt Commercial Properties	200	400
10-1-12	Appenrodt, Kathleen Aptos, CA 95003	Ergonomic Consultant Yahoo	300	300
10-1-12	Arriaga, Marta Fair Oaks, CA 95628	Retired	100	100
10-1-12	Badaw, M. Essam Scotts Valley, CA 95066	CEO Perceptive Devices, Inc.	300	550
10-1-12	Bogard, Victor Santa Cruz, CA 95060	Retired	400	400
10-1-12	Bremmer, Robert Santa Cruz, CA 95060	Owner Essential Surf Company, LLC	200	300
10-1-12	Burke, Theodore Capitola, CA 95010	Restaurateur Shadowbrook	100	200
10-9-12	Burnett, Henry Felton, CA 95018	Retired	250	250
10-3-12	Bustichi, for City Council Scotts Valley, CA 95066	Committee ID # 27-3764133	100	100
10-1-12	Canfield, Tom Davenport, CA 95017	Vice-President, Operations Santa Cruz Seaside Company	400	800
10-1-12	Cristina, Richard San Jose, CA 95112	President Green Waste Recovery	400	400

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-1-12 through 10-20-12

10-1-12	Citizens for Brulte Rancho Santa Margari 92688	Committee I.D. 1328368	1,000	1,000
10-2-12	Clements, Ronald Ben Lomond, CA 95005	Owner Ben Lomond Market	400	400
10-1-12	Cramer, Patty Scotts Valley, CA 95066	Retired	100	200
10-1-12	Columbini, Lloyd Santa Cruz, CA 95063	Self-employed Farmer	100	200
10-1-12	Conley, Richard Santa Cruz, CA 95060	Retired	200	450
10-1-12	Costa, Richard Aptos, CA 95003	Financial Advisor Richard Costa & Associates	100	100
10-1-12	Cramer, Jody Scotts Valley, CA 95066	Retired	100	300
10-1-12	Crowen, Merry Aptos, CA 95003	Vice-President, Hospitality & Lodging Santa Cruz Seaside Company	100	100
10-3-12	Cunneen, James San Jose, CA 95120	Partner California Strategies	150	150
10-1-12	Daly, John C. Scotts Valley, CA 9506	Retired	50	100
10-1-12	Erlin, Richard, Jr. Santa Cruz, CA 95060	Retired	400	400
10-1-12	Fontana, Candy Scotts Valley, CA 95066	Retired	300	700
10-1-12	Fontana, Laura Santa Cruz, CA 95060	Homemaker	400	400
10-1-12	Fontana, Ryan Santa Cruz, CA 95060	Student Santa Clara University	400	800
10-1-12	Fontana, Taylor Santa Cruz, CA 95060	Server Gordon Biersch	400	800
10-1-12	Gilles, Jeff Salinas, CA 93902	Attorney Lombardo and Gilles Law Firm	400	600

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-1-12 through 10-20-12

10-2-12	Graves, Catherine Felton, CA 95018	Retired County Planner	100	100
10-1-12	Gualco, Jackson Gold River, CA 95670	Partner Gualco Group	100	100
10-18-12	Haddad, Ben San Diego, CA 92106	Partner California Strategies	250	250
10-18-12	Haddad, Ann San Diego, CA 92106	Homemaker	250	250
10-1-12	Haleva, Jerry Sacramento, CA 95814	President Sergeant Major Associates	250	250
10-1-12	Hall, Murray Palm Desert, CA 92260	Partner Green Waste Recovery	400	400
10-3-12	Harris, Carol Santa Cruz, CA 95060	Retired R.N.	100	100
10-1-12	Hollenbeck, Terry, M.D. Felton, CA 95018	Physician Palo Alto Foundation Medical Group	100	200
10-1-12	Holcomb, Kay Aptos, CA 95003	Interior Design Consultant Holcomb Corporation	400	800
10-1-12	Jones, Rick Felton, CA 95018	Retired	25	125
10-5-12	Keeley, Frederick Santa Cruz, CA 95060	County Treasurer	100	175
10-6-12	Kelly, James Santa Cruz, CA 95060	Insurance Agent Moore-Miller Insurance Agency	100	200
10-1-12	Khan, Jamie Sacramento, CA 95818	Legislative Advocate Kahn & Associates	400	400
10-5-12	Kirkorian Oakland, CA 94618	Partner El Rancho Farms	400	400
10-1-12	Leaf, Robert Scotts Valley, CA 95066	Retired	100	200
10-1-12	Lezin, Mary Kate Santa Cruz, CA 95060	Retired	100	100

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-1-12 through 10-20-12

10-1-12	Lind, Donna Scotts Valley, CA 95066	Mayor City of Scotts Valley	100	200
10-9-12	Lindstrom-Latshaw, Betty Felton, CA 95018	Insurance Broker Lindstrom Insurance	200	600
10-1-12	Locke-Paddon, William Aptos, CA 95003	Self-employed Attorney	100	100
10-1-12	Manasek, Yelba Santa Cruz, CA 95060	Retired	50	100
10-1-12	Miller, George El Dorado Hills, CA 95762	George Miller & Associates	400	800
10-1-12	Maggio, James Aptos, CA 95003	Manager Seascape Resort	150	150
10-1-12	Millslagle, Robert Santa Cruz, CA 95060	Retired	400	400
10-1-12	Minott, Katharine Aptos, CA 95003	Senior Research MW Productions	100	100
10-2-12	Naylor, Robert Sacramento, CA 95814	Attorney Robert Naylor Advocacy	200	200
10-1-12	Noon, Lawrence Felton, CA 95018	Blackburn Properties	400	400
10-1-12	Panelli, Paula Santa Cruz, CA 95060	Owner Beach Liquors	50	150
10-1-12	Ramm, Nancy Capitola, CA 95010	Investor SMR Development Co.	100	100
10-1-12	Ramm, Steven Capitola, CA 95010	Real Estate Investor SMR Development Co.	400	400
10-2-12	Rasmussen, Doris Aptos, CA 95003	Retired	100	100
10-2-12	Reyerson-Keith, Donna Santa Cruz, CA 95065	Retired	250	250
10-1-12	Rice, Albert Santa Cruz, CA 95060	Retired	400	450

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-1-12 through 10-20-12

10-2-12	Sachs, Philip Santa Cruz, CA 95060	Retired Attorney	100	100
10-1-12	Shanle, Thomas Santa Cruz, CA 95062	Self-employed Attorney	100	200
10-1-12	Scoppettone, James Scotts Valley, CA 95066	Self-employed Artist	300	300
10-1-12	Smith, Dennis L. Santa Cruz, CA 950603	Retired Santa Cruz Sheriff's Office	200	200
10-2-12	Smith, Steven Gilroy, CA 95020	Instructor Gavilan College	200	200
10-1-12	Slawinski, Carol Scotts Valley, CA 95066	Co-owner Slawinski Auction Company	400	650
10-10-12	Surbridge, John, Jr. Santa Cruz, CA 95060	Retired Airline Pilot	100	100
10-1-12	VanHouten, James La Selva Beach, CA 95076	Retired	400	400
10-1-12	Weigel, Frank Santa Cruz, CA 95060	Chief Operating Officer Green Waste Recovery	400	400
10-1-12	Weigel-Pena, Cindy San Jose, CA 95120	Partner Green Waste Recovery	400	400
10-1-12	Williams, Wayne Boulder Creek, CA 95006	Sales W/A Insurance Services	200	299
10-8-12	Zufall, Robert Scotts Valley, CA 95066	Executive Search Consultant, BZA Search	100	100
			18,025	

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>10-1-12</u> through <u>10-20-12</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McPherson for Supervisor 2012

I.D. NUMBER

11343208

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bruce McPherson Santa Cruz, CA 95060 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Secretary of State	\$ 1,000.	\$ -0-	<input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN \$ -0-	\$ 1,000. DATE DUE	n/a % RATE	\$ 1,000, 11-17-11 DATE INCURRED	CALENDAR YEAR \$ -0- PER ELECTION** \$ 1,000.
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	\$ -0-	\$ -0-	\$ 1,000.	\$ -0-		

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

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -0-
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -0-**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10-1-12	
through	10-20-12	Page <u>11</u> of <u>13</u>
NAME OF FILER		I.D. NUMBER
McPherson for Supervisor 2012		11343208

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
Gail Levey Soquel, CA 95073	WEB		615.00
Steve Reed Santa Cruz, CA 95060	CNS		4,000.00
Kris Reyes Santa Cruz, CA 95060	CNS		3,000.00

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

SUBTOTAL \$ 7,615.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	42,820.83
2. Unitemized payments made this period of under \$100	\$	125.09
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.)	TOTAL \$	42,945.92

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

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

Statement covers period		CALIFORNIA FORM 460
from	10-1-12	
through	10-20-12	Page <u>12</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McPherson for Supervisor 2012

I.D. NUMBER

11343208

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
Meridian Pacific Sacramento, CA 95825	LIT			3,810.40
Zach Millington Santa Cruz, CA 95060	PHO			2,151.42
Sentinel Printers Santa Cruz, CA 95060	LIT			8,514.45
Political Data, Inc. Burbank, CA 91507	LIT			2,136.40
AT&T-California	PHO			171.33

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

SUBTOTAL \$ 16,784.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	10-1-12	
through	10-20-12	Page <u>13</u> of <u>13</u>

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NAME OF FILER

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I.D. NUMBER

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL 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 Santa Cruz, CA 95060	LIT			11,598.11
Community Printers Santa Cruz, CA 95062	LIT			6,823.72

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

SUBTOTAL \$ 18,421.83