

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 10

For Official Use Only

Statement covers period from <u>10-21-12</u> through <u>11-1-12</u>	Date of election if applicable: (Month, Day, Year) <u>Nov. 6, 2012</u>
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Date Stamp

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) | |

SAINTA CRUZ COUNTY REC'D NOV 21 2012

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
<u>Santa Cruz</u>	<u>CA</u>	<u>95060</u>	<u>831-345-4800</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Felton</u>	<u>CA</u>	<u>95018</u>	<u>Same</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deanna Musler

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

4. Verification

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

Executed on November 2, 2012
Date

Executed on November 2, 2012
Date

Executed on _____
Date

Executed on _____
Date

By Deanna Musler
Signature of Treasurer or Assistant Treasurer

By Barbara 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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 10

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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>10-21-12</u>	CALIFORNIA FORM 460
through <u>11-1-12</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>11343208</u>

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 <i>Schedule A, Line 3</i>	\$ <u>11,361.00</u>	\$ <u>156,058.85</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>11,361.00</u>	\$ <u>156,058.85</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>4,754.40</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>11,361.00</u>	\$ <u>160,813.25</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>89,034.00</u>
21. Expenditures Made	\$ <u>104,168.78</u>	\$ <u>99,611.98</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>21,916.20</u>	\$ <u>203,781.35</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>21,916.20</u>	\$ <u>203,781.35</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>21,916.20</u>	\$ <u>203,781.35</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 <i>Previous Summary Page, Line 16</i>	\$ <u>11,715.29</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>11,361.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>-0-</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>21,916.20</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1,160.09</u>

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

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

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>-0-</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>-0-</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <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		CALIFORNIA FORM 460
from	10-21-12	
through	11-1-12	Page <u>4</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
McPherson for Supervisor 2012		11343208

SEE INSTRUCTIONS ON REVERSE

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	<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.)	\$	10,549.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	812.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	11,361.00

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

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-21-12 through 11-1-12

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I.D. No. 11343208

	Name & Address	Occupation/Employer	Amount	Cumulative
10-21-12	Associated General Contractors PAC W. Sacramento, CA 95691	ID #890194	1,000	1,000
10-21-12	Brown, Jess Capitola, CA 95010	Executive Director Santa Cruz Co. Farm Bureau	200	600
10-26-12	Baskin, Caleb Santa Cruz, CA 95062	Attorney Baskin and Grant	150	348
10-14-12	Bryant, Jason Sacramento, CA 95836	Sr. Vice Pres Legislative Offices California Building Industry Assn.	200	200
10-21-12	Chemers, Barbara Capitola, CA 95010	Retired	200	200
11-1-12	California Real Estate PAC Los Angeles, CA 90020	Committee ID 890106	1,000	1,000
10-15-12	Codiga, Barton Santa Cruz, CA 95060	Financial Consultant Codiga Asset Management Inc	100	100
10-16-12	Crosetti, J. J. , Jr. Watsonville, CA 95077	Retired	400	400
10-15-12	Dembski, Lauren Santa Cruz, CA 95060	Homemaker	300	300
10-17-12	Diorio, Mark Carmel, CA 93923	Campaign Director, National Marine Sanctuary Foundation	300	700
10-15-12	Ditmore, Barbara Carmel, CA 93923	Retired	400	400
10-10-12	Edwards, Patrice Aptos, CA 95003	Publisher Times Publishing Group	99	297
10-21-12	Eiskamp, John Watsonville, CA 95076	Farmer	400	400
10-21-12	Gizdich, Nita Watsonville, CA 95076	Owner Gizdich Ranch	200	500

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-21-12 through 11-1-12

10-21-12	Haas, T. Roger Santa Cruz, CA 95060	Member of Board Public Wireless	100	200
10-24-12	Hull, Megan Washington, DC 20007	Self employed Non-Profit Consultant	400	400
10-21-12	Jack, James Sacramento, CA 95864	Legislative Advocate Capitol Strategies Group	400	800
10-21-12	Macken, Jeanne Santa Cruz, CA 95060	Retired	100	200
10-21-12	Margett, Robert Glendora, CA 91741	Retired	300	300
10-21-12	Miller, Clint Watsonville, CA 95076	Self-employed Farmer	250	250
10-22-12	Musselwhite, Linda Santa Cruz, CA 95060	Retired	400	800
10-21-12	Pacific Gas and Electric Co. State/Local PAC San Francisco, CA 94177	Committee ID #840409	500	500
10-23-12	Patel, Ashish Santa Cruz, CA 95060	Owner Oceangate Inn	100	100
10-24-12	Patel, Pharmesh Santa Cruz, CA 95062	Executive Managing Director Collier International Hotels	400	400
10-22-12	Patel, Praful Scotts Valley, CA 95066	Owner Paradox Hotel	400	400
10-21-12	Patel, Umesh Ben Lomond, CA 95005	Owner CR Rentals	251	251
10-24-12	Patel, Pravin Santa Cruz, CA 95060	Owner Days Inn, Santa Cruz	400	400
10-21-12	Rider, Laura Watsonville, CA 95076	Homemaker	200	200
10-23-12	Scarborough, Mike Ben Lomond, CA 95005	Owner Scarborough Lumber	400	400
10-25-12	Schmidt, Kirk Watsonville, CA 95077	Self-employed Farmer	400	400

MONETARY CONTRIBUTIONS RECEIVED

McPherson for Supervisor 2012

10-21-12 through 11-1-12

10-24-12	James Weisenstein Scotts Valley, CA 9506	Business Coach Graystone Consuting	400	400
10-21-12	Weiss, Patricia Scotts Valley, CA 95066	Homemaker	99	198
10-24-12	Woodruff, Sandra Santa Cruz, CA 95060	Owner Valley Gardens Golf Course	100	100
			10,549	

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>10-21-12</u> through <u>11-1-12</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>10</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 \$ -0-	\$ 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-		

Schedule B Summary

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

- 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.

SCHEDULE E

Statement covers period from <u>10-21-12</u> through <u>11-1-12</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER 11343208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McPherson for Supervisor 2012

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office 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
Prime Signs Sacramento, CA 95825	CMP		2,763.06
Sentinel Printers Santa Cruz, CA 95060	LIT		1,480.00
Valley Press Banner Scotts Valley, CA 95060	PRT		375.00

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

SUBTOTAL \$ 4,618.06

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	21,882.83
2. Unitemized payments made this period of under \$100	\$	33.37
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 \$	21,916.20

**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	10-21-12	
through	11-1-12	Page <u>10</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
McPherson for Supervisor 2012		11343208

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
Steve Reed Santa Cruz, CA 95060	CNS		4,117.13
Kris Reyes Santa Cruz, CA 95060	CNS		3,000.00
Maverick Mailing Santa Cruz, CA 95060	LIT		9,584.43
Zach Millington Santa Cruz, CA 95060	LIT		563.21

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

SUBTOTAL \$ 17,264.77

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER McPherson for Supervisor 2012		Date of This Filing 11-2-12	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 831-345-4800	I.D. NUMBER (if applicable) 11343208	Report No. 1		
STREET ADDRESS 14 Kite Hill Road		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Santa Cruz	STATE CA	ZIP CODE 95060		

1. Contribution(s) Received

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
11-1-12	California Real Estate PAC ID #890106 Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000. <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-21-02	Associated General Contractors PAC ID #890194 West Sacramento, CA 95691	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000. <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: n/a

****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