

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 2/8/15
 through 6/30/15

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

Date Stamp
 FILED
 SANTA CRUZ CO ELECTIONS
 2015 SEP -4 AM 11:02

CALIFORNIA FORM **450**
 Page 1 of 2
 For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1249785

COMMITTEE NAME

PROGRESSIVE COALITION OF SANTA CRUZ COUNTY

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA CRUZ CA 95060 831566-1533

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
jim.heaney@comcast.net

Treasurer(s)

NAME OF TREASURER

JIM HEANEY

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA CRUZ CA 95060 831566-1533

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 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 _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	<u>2/8/15</u>	
through	<u>6/30/15</u>	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
<u>PROGRESSIVE COALITION OF SANTA CRUZ COUNTY</u>		<u>1249705</u>

Expenditures Made

1. Expenditures of \$100 or more made this period \$ _____
2. Expenditures under \$100 made this period (Not itemized.) _____
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD *Add Lines 1 + 2* \$ _____
4. Nonmonetary Adjustment *From Line 8 Below* _____
5. Total expenditures made from previous statement *Previous Summary Page, Line 6* \$ _____
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE *Add Lines 3 + 4 + 5* \$ 0

Contributions Received

7. Monetary contributions received this period \$ _____
8. Non-monetary contributions received this period _____
9. Total contributions received from previous statement *Previous Summary Page, Line 10* \$ _____
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE *Add Lines 7 + 8 + 9* \$ 0

Current Cash Statement

11. Beginning cash balance *Previous Summary Page, Line 15* \$ _____
12. Cash receipts this period *Line 7 above* _____
13. Miscellaneous increases to cash \$ _____
14. Cash expenditures this period *Line 3 above* _____
15. ENDING CASH BALANCE THIS PERIOD *Add Lines 11 + 12 + 13, then subtract Line 14* \$ _____