

Recipient Committee Campaign Statement – Short Form

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.

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

Statement covers period
from 07/01/2015
through 12/31/2015

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

2016 JAN 25 PM 12:58

Date Stamp

FILED
SANTA CRUZ CO ELECTIONS

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

3. Committee Information

I.D. NUMBER
1364991

COMMITTEE NAME

PAJARO VALLEY SENIOR COALITION

STREET ADDRESS AND P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

WATSONVILLE CALIFORNIA 95076 (831) 685-7432

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

SHARON H. GRAY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

WATSONVILLE CALIFORNIA 95076 (831) 728-3469

NAME OF ASSISTANT TREASURER, IF ANY

EDWARD LEITE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SOQUEL CALIFORNIA 95073 (831) 476-2835

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 JANUARY 22nd, 2016
DATE

By Sharon H. Gray
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**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>2</u>	I.D. NUMBER <u>1364991</u>

NAME OF COMMITTEE

PAJARO VALLEY SENIOR COALITION

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>68</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>68</u>
4. Nonmonetary Adjustment..... From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the 1st statement for the calendar year, enter zero.)	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$ <u>68</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the 1st statement for the calendar year, enter zero.)	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$ <u>104</u>
12. Cash receipts this period..... Line 7 above	<u>0</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... Line 3 above	<u>68</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>36</u>