

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

FILED
 OCT 19 2010
 GAIL L. PELLERIN, CLERK
 Deputy Santa Cruz County

CALIFORNIA FORM 450
 Page 1 of 3
 For Official Use Only

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 July 1, 2010
 through Oct 16, 2010

Date of election if applicable:
 (Month, Day, Year)
Nov. 2, 2010

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder 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
923256

COMMITTEE NAME
SAN LORENZO VALLEY TEACHERS ASSOCIATION POLITICAL ACTION COMMITTEE

Treasurer(s)

NAME OF TREASURER
PAUL T. BLOCHER

CITY STATE ZIP CODE AREA CODE/PHONE
BEN LOMOND CA 95005 (831) 278-0812

CITY STATE ZIP CODE AREA CODE/PHONE
BEN LOMOND CA 95005 (831) 336-9459

NAME OF ASSISTANT TREASURER, IF ANY
NONE

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 Oct. 16, 2010
 DATE

Executed on Oct. 18, 2010
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By Paul T. Blocher
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Edward He
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period from <u>July 1, 2010</u> through <u>Oct 16, 2010</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>3</u>
	I.D. NUMBER <u>923256</u>

NAME OF COMMITTEE

SAN LORENZO VALLEY TENCATOR'S ASSOCIATION POLITICAL ACTION COMMITTEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>500.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u> </u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$ <u>500.00</u>
4. Nonmonetary Adjustment From Line 8 Below	<u> </u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u> </u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$ <u>500.00</u>

Contributions Received

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

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$ <u>1,100.00</u>
12. Cash receipts this period Line 7 above	<u> </u>
13. Miscellaneous increases to cash	\$ <u> </u>
14. Cash expenditures this period Line 3 above	<u>500.00</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>600.00</u>

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**CALIFORNIA
FORM 450**

Page 3 of 3

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NAME OF COMMITTEE
SAN LORONZO VALLEY TEACHERS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER
923256

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
10-14-10	GEORGE MARTINEZ FOR SCC BOARD OF EDUCATION DAVENPORT, CA. 95017 # 1331029	500.00	GEORGE MARTINEZ SANTA CRUZ COUNTY BOARD OF EDUCATION <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500.00	Calendar Year \$ <u>0</u> Other \$ <u>500.00</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					<u>500.00</u>

* Required only for payments which are contributions or independent expenditures.