

**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 5

For Official Use Only

Statement covers period
from 10-1-2010
through 10-16-2010

Date of election if applicable:
(Month, Day, Year)
11-02-2010

Date Stamp
FILED
SMITH CRUZ CO. ELECTIONS
OCT 21 PM 3:39

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1331643

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

**COMMITTEE TO RE-ELECT ALAN SMITH TO CABRILLO COLLEGE
GOVERNING BOARD 2010**

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| WATSONVILLE, | CA | 95076 | |

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

| | | | |
|---------------|-----------|---------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| APTOS, | CA | 95001- | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

VIRGIE NEIGHBORS

MAILING ADDRESS

| | | | |
|---------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| WATSONVILLE, | CA | 95076 | 831-722-2411 |

NAME OF ASSISTANT TREASURER, IF ANY

ALAN SMITH

MAILING ADDRESS

| | | | |
|--------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| WATSONVILLE | CA | 95076 | 831-406-1446 |

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 Oct. 20, 2010
Date

By Virgie Neighbors
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
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ALAN SMITH

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CABRILLO COLLEGE GOVERNING BOARD 2010

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
WATSONVILLE, CA. 95076

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | <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 |
| 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 |

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>10-01-2010</u> through <u>10-16-2010</u> | CALIFORNIA FORM 460 Page <u>3</u> of <u>5</u> |
| | I.D. NUMBER 1331643 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALAN SMITH

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>600.00</u> | \$ <u>600.00</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | \$ <u>-0-</u> | \$ <u>8850.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>600.00</u> | \$ <u>9450.00</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>600.00</u> | \$ <u>9550.00</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 | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

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>-0-</u> | \$ <u>622.63</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>-0-</u> | \$ <u>622.63</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>-0-</u> | \$ <u>622.63</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>377.37</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | \$ <u>600.00</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>-0-</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>977.37</u> |

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

| | |
|--|---------------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ <u>-0-</u> |
|--|---------------|

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>8850.00</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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10-01-2010</u> through <u>10-16-2010</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>5</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|------------------------------------|-------------------------------|
| NAME OF FILER ALAN SMITH | I.D. NUMBER 1331643 |
|------------------------------------|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10-5-2010 | RACHAEL A. SPENCER FELTON, CA. 95017 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | \$100.00 | \$100.00 | |
| 10-14-2010 | CABRILLO CLASSIFIED EMPLOYEES UNION APTOS, CA. 95003 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CCEU-PAC POLITICAL CONTRIBUTION | \$500.00 | 500.00 | |
| | | <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 \$ 600.00

Schedule A Summary

| | |
|---|-------------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ <u>600.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ <u>-0-</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>600.00</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

**Schedule B – Part 1
Loans Received**

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

| | |
|--|-------------------------------|
| Statement covers period from <u>10-01-2010</u> through <u>10-16-2010</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>5</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|------------------------------------|-------------------------------|
| NAME OF FILER ALAN SMITH | I.D. NUMBER 1331643 |
|------------------------------------|-------------------------------|

| 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 |
|---|---|--|------------------------------------|--|---|---|---------------------------------------|---|
| ALAN & BARBARA SMITH TRUST WATSONVILLE, CA. 95076 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>8,850.00</u> | \$ <u>-0-</u> | <input type="checkbox"/> PAID \$ <u>-0-</u> <input type="checkbox"/> FORGIVEN \$ <u>-0-</u> | \$ <u>8,850.00</u> <u>DEMAND</u> DATE DUE | <u> </u> % RATE \$ <u>-0-</u> | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE | <u> </u> % RATE \$ <u> </u> | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE | <u> </u> % RATE \$ <u> </u> | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| SUBTOTALS | | \$ | \$ <u>-0-</u> | \$ <u>-0-</u> | \$ <u>8,850.00</u> | \$ <u>-0-</u> | | |

Schedule B Summary

1. Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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)

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

†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.