

# 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 01/01/15  
 through 06/30/15

Date of election if applicable:  
 (Month, Day, Year)  
6/20/12

Date Stamp  
 FILED  
 SANTA CRUZ CO ELECTIONS  
 2015 JUL 28 AM 10:30

CALIFORNIA FORM **450**  
 Page 1 of 3  
 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  
**1344476**

COMMITTEE NAME  
**SAVE OUR SCHOOLS SCOTTS VALLEY**

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>SCOTTS VALLEY</b>	<b>CA</b>	<b>95066</b>	<b>831-239-9203</b>

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

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

### Treasurer(s)

NAME OF TREASURER  
**CHERYLE BROWNFIELD**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>SCOTTS VALLEY</b>	<b>CA</b>	<b>95066</b>	<b>831-247-0935</b>

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 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 7/26/15  
DATE

By *Cheryle Brownfield*  
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.  
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SHORT FORM

**CALIFORNIA FORM 450**

Page 2 of 3

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NAME OF COMMITTEE

SAVE OUR SCHOOLS SCOTTS VALLEY

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>2643.53</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>                    </u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$ <u>2643.53</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>	<u>                    </u>
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>2643.53</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 ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>0</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$ <u>2643.53</u>
12. Cash receipts this period ..... <i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash .....	\$ <u>0</u>
14. Cash expenditures this period ..... <i>Line 3 above</i>	<u>2643.53</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>0</u>

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Page 3 of 3  
I.D. NUMBER  
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NAME OF COMMITTEE

SAVE OUR SCHOOLS SCOTTS VALLEY

**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*
6/24/15	SCOTTS VALLEY EDUCATIONAL FOUNDATION  SCOTTS VALLEY, CA 95066	CONTRIBUTION/ CLOSURE OF COMMITTEE		2643.53	Calendar Year \$ 2643.53 Other \$
			<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 \$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$
<b>SUBTOTAL</b>				<b>\$</b>	

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