Mr. 1	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stamp	COVER PAGE ALIFORNIA 460 2001/02 FORM		
	(Coronalist Costs Costs and Costs Co	Statement covers period 07/01/2012 from	(110.11.11, 20), 100.17	FILED HTA CRUZ GOLELE		e of For Official Use Only
	SEE INSTRUCTIONS ON REVERSE	09/30/2012 through	11/06/2012	20CT-9 AHTO	3: 55	·
	1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain t		Special Odd	tatement J-Year Report al Preelection Attach Form 495
	3. Committee Information	P348691R	Treasurer(s)			
	Friends of Patty Threet for School Board 2012		Catherine Larion	STATE	ZIP CODE 95010	831-239-5703
	Santa Cruz STATE ZIP C Santa Cruz CA 9506	ODE AREA CODE/PHONE 831-419-7715	NAME OF ASSISTANT TREASU Patty Threet		93010	031-233-3703
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	441111121222			
	CITY STATE ZIP CO	ODE AREA CODE/PHONE	 Сарітоіа	STATE CA	ZIP CODE 95010	AREA CODE/PHONE 831-419-7715
	OPTIONAL: FAX / E-MAIL ADDRESS mrs.threet@gmail.com		OPTIONAL: FAX / E-MAIL ADD	RESS	talan and the same of the same	
	4. Verification I have used all reasonable diligence in preparing and review certify under penalty of parlury under the laws of the State Executed on	of California that the foregoing is true	And correct. Chewne Form Signs for or Treasures or Assistant His Mutt	Treasurer oponent or Responsible Officer of		les is true and complete. I
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, 8	State Measure Proponent		FPPC Form 460 (June/01)

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE - PART 2
CALIFORNIA FORM	460
0	10

Officeholder or Candidate Controlled Comm	ittee	6.	Ballot Measure Comm	ittee		
NAME OF OFFICEHOLDER OR CANDIDATE Patty Threet			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN	SUPPORT
Santa Cruz City Schools District Trustee Area 2					-	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C Capitola, CA 95010	ITY STATE ZIP		Identify the controlling of	ficeholder, car	ndidate, or state mea	sure proponent, if any
(-1			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		9	Delmarib, Faring Co.			
NAME OF TREASURER	CONTROLLED COMMITTEE? O YES O NO	7.	Primarily Formed Cor which this committee is prin		names of officeholder(s) or candidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
CITY STATE ZIP C	ODE ÁREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES O NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	nch continuatio	on sheets if necessai	ry

Campaign Disclosure Statement Summary Page

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____

18. Cash Equivalents See instructions on reverse \$ ____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

Type or print in ink.

Amounts may be rounded to whole dollars.

	OUIVIIVIATA PA	101
Statement covers period 07/01/2012 from	CALIFORNIA 46	0
09/30/2012	Page 3 of 19	_

SHIMMAD PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Patty Threet for School Board 2012 1348691 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 447.12 1. Monetary Contributions Schedule A. Line 3 ñ 1/1 through 6/30 7/1 to Date Loans Received Schedule B. Line 3 4471.12 4471.12 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 4471.12 4471.12 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 1655.28 1655.28 6. Payments Made Schedule E, Line 4 \$ Candidates ō 7. Loans Made Schedule H, Line 3 1655.28 22. Cumulative Expenditures Made* 1655.28 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 687.50 687.50 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 2342.78 2342.78 Current Cash Statement 0 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B. add 4471.12 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 1655.28 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 2815.84 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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

any).

687.50

from Lines 2, 7, and 9 (if

*Since January 1, 2001. 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.

		JOHNEDULL A
Statement covers period 07/01/2012 from	CALIFORNIA FORM	460
09/30/2012 through	Page 4	, 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Patty Threet for School Board 2012

1.D. NUMBER 1348691 SCHEDULE A

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
8/16/2012	Catherine Larion Capitola, CA 95010	OCOM OCOM OCOTH OCC SCC	parent, unemployeed	100	100	
8/16/2012	Michael Birch Capitola, CA 95010	O SCC	principal, Four Seasons Marketing	250	250	
8/21/2012	Julianna McDermott Soquel, CA 95073	MIND OCOM OOTH OPTY OSCC	parent, unemployeed	100	100	
8/24/2012	Jenni Deeter Santa Cruz, CA 95062	SIND OCOM OPTY OSCC	parent, Unemployeed	100	100	
8/31/2012	Shannon Fiddam Soquel, CA 95073	QIND OCOM OOTH OPTY OSCC	president, Parrot AT&T	100	100	

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.

(Include all Schedule A subtotals.) \$

871.12

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

650.

SUBTOTAL \$

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

-

SUBTOTALS

650.

SCHEDULE A (CONT.)

Statement covers period 7/01/2012 from	CALIFORNIA 460
9/30/2012 through	Page 5 of 19
	I.D. NUMBER 1348691

NAME OF FILER

Friends of Patty Threet for School Board 2012

AMOUNT PER ELECTION **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF BELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) SIND OCOM OOTH Kristl Zuniga 9/04/2012 250 250 Chief Operations Capitola, CA 95010 Officer, Monterey Bay Software Inc. ÖPTY ÖSCC **Ruth Moe** 9/06/2012 **S**IND 100 100 OCOM OOTH unem played Soquel, CA 95073 **PTY** Öscc Arden DeVincenzi 9/07/2012 OCOM 100 100 Unemployed OTH Aptos, CA 95003 OSCC. Deborah Tracy-Proulx SIND OCOM OOTH 9/10/2012 parent, unemployeed 100 100 Santa Cruz, CA 95062 **OPTY** Ŭscc. COM Wendy Miller 9/12/2012 100 100 unemployed OPTY La Selva Beach, CA 95076 ÖSCC.

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

07/01/2012

				09/3 through		age 6 of 19
Friends	of Patty Threet for School	Board	2012			D. NUMBER 348691
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	TO DATE
9/12/2012	Greater Santa Cruz Federation of Teachers Fund Santa Cruz, CA 95060	OIND OCOM OOTH OPTY OSCC	. 8	1,300	1,30	00
9/17/2012	Ken Wagman Santa Cruz, CA 95060	SIND OCOM OOTH OPTY OSCC	math instruction, Gavilan College	100	10	00
9/20/2012	Mark Davidson Capitola, CA 95010	SIND OCOM OOTH OPTY OSCC	Financial Advisor, Alameda Elders Communities	100	10	00
9/20/2012	Mark Szychowski Soquel, CA 95073	GIND OCOM OOTH OPTY OSCC	Realtor, Delaveaga Property	100	10	00
9/20/2012	Mari Brandt Santa Cruz, CA 95060	OSCC	cardiologist, PAMF	500	50	00
			SUBTOTAL	2,100.		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

	SCHEDU	LEA (CONT.)
Statement covers period 07/01/2012 rom	CALIFORNIA FORM	460
09/30/2012	7	10

				through		Page	1 of 19
Friends of Pa	atty Threet for School Board 2012					1.D. NUN 13486	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT BECEIVED THIS	CUMULATIVE TO		PER ELECTION

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)
09/21/2012	Chinazo Cunningham Nyack, NY 10960	SIND OCOM OOTH OPTY OSCC	physician, Albert Einstein College of Medicine of Yeshiva University	100	100	
9/21/2012	Jody Muller Aptos, CA 95003	OCOM OOTH OPTY OSCC	Accountant, Fusion Floral	100	100	
		OIND OCOM OOTH OPTY OSCC				
		OIND OCOM OOTH OPTY OSCC				
		OIND OCOM OOTH OPTY OSCC				,
			. SUBTOTALS	200	1 1	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

Type or print in ink.

Amounts may be rounded

	SCHEDULE B - PART
Statement covers period 07/01/2012	CALIFORNIA 460

Loans Received	Received to whole dollars. 07/01/2012 from				1/2012	FORM 460		
TE INSTRUCTIONS ON DELETION						30/2012	Page 8	of 19
SEE INSTRUCTIONS ON REVERSE			******		through			10
Friends of Patty Threet for School Board	2012						1.D. NUMBER 1348691	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
O IND O COM O OTH O PTY O SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	. S		\$	\$
				FORGIVEN		RATE		PER ELECTION **
O IND O COM O OTH O PTY O SCC		s	\$	s	DATE DUE	s	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	s	\$PER ELECTION**
O IND O COM O OTH O PTY O SCC	l.	\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$		S	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
				•	0			
(Total Column (b) plus unitemized loans	less than \$100.)	*******************	***************************************	\$				given or paid by
	•				. 0		reported on S	also must be Schedule A.
Loans paid or forgiven this period	paid or forgiven.)			\$			** If required.	
(Include loans paid by a third party that	are also itemized on Sched	ule A.)			_			
 Net change this period. (Subtract Line Enter the net here and on the Summary 	2 from Line 1.) Page, Column A, Line 2.		***************************************	NET \$	(Ney be a negative number)			
† Contributor Codes						1		

PTY - Political Party SCC - Small Contributor Committee

OTH - Other

Schedule B - Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period 07/01/2012 from	CALIFORNIA 460
09/30/2012	Page 9 of 19

SEE INSTRUCTIONS ON REVERSE				through	Page	10
NAME OF FILER Friends of Patty Threet for School Board 2012	2				I.D. NUMBER 1348691	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	QIND		LENDER		CALENDAR YEAR	4
	DCOM			s		
	Оотн		DATE		PER ELECTION	
	D PTY				(IF REQUIRED)	
	Dscc			s		
	QIND		LENDER		CALENDAR YEAR	
	O COM			s		
	ротн		DATE		PER ELECTION (IF REQUIRED)	
	⊘ PTY				,	!
	Dscc			\$		
	QIND			(CALENDAR YEAR	
	COM		LENDER	s		
	Оотн				PER ELECTION (IF REQUIRED)	
	QPTY		DATE		(IF REQUIRED)	
	Dscc			s		
		***			CALENDAR YEAR	
	DIND		LENDER		ALCHOAN ILAN	
	Осом					
	нто₫		DATE		PER ELECTION (IF REQUIRED)	
	□ PTY					
	Dscc			s	***************************************	
			SUE	BTOTAL \$ D	Enter on Summary Page, Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA 07/01/2012 **FORM** from 09/30/2012 Page 10 of_ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Patty Threet for School Board 2012 1348691

						1.5.555	•
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		OIND OCOM OOTH OPTY OSCC					
		OIND OCOM OOTH OPTY OSCC					
		OIND OCOM OPTY OSCC					
		OIND OCOM OPTY OSCC					
Attach addit	ional information on appropriately labe	led continuati	ion sheets.	SUBTOTAL S	0		
~						F	

Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)\$

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3.	Total nonmonetary contributions received this period.	
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	;Q

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Supportir Candidate SEE INSTRUCTION NAME OF FILER	of Expenditures ng/Opposing Other es, Measures and Committees	Type or print in Amounts may be r to whole dolla	rounded	Statement cover 07/01/ from09/30 through	2012 0/2012 Pa	SCHEDULE LIFORNIA 460 FORM of 19 NUMBER 8691
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				

Schedule D Summary

1.	. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 0
2.	. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0
3.	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ D

SUBTOTAL \$

Schedule D (Continuation Sheet) Type or print in lnk. SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** 07/01/2012 **FORM** from Candidates, Measures and Committees 09/30/2012 through NAME OF FILER I.D. NUMBER Friends of Patty Threet for School Board 2012 1348691 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary Monetary Contribution Nonmonetary Contribution independent Support Expenditure Oppose Monetary Monetary Contribution Nonmonetary N Contribution Independent Expenditure Support Oppose Monetary Monetary Contribution Nonmonetary Contribution independent ■ Support Expenditure Oppose Contribution Nonmonetary Contribution Independent Support Oppose Expenditure

0

SUBTOTAL \$

Schedule E Payments Made	Type or prin Amounts may to whole o	be rounde	d	St	atement covers period 07/01/2012		SCHEDULE ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE				thro	09/30/2012 ugh	Page	3 of 19
NAME OF FILER Friends of Patty Threet for School Board 2012				<u></u>	te terretak da ana di sebat maning manggalan maning maning maning maning maning maning maning maning maning ma	1.D. NUI 134869	MBER
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications d appearant nses elating s survey rese	ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction cost d meals and meals s of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Miller Maxfield Inc Santa Cruz, CA 95060		CNS	-				1,250.00
Accurate Printing San Francisco, CA 94107		СМР					360.08
* Payments that are contributions or independent expenditures	must also be summ	arized on	Schedula D		81	IDTOTAL 6	1610.08

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

Schedule E (Continuation Sheet) **Payments Made**

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

	SCHEDU	LE E	(CON	H.
CALIF	ORNIA		$\mathbf{C} \cdot \mathbf{C}$	

Statement covers period 07/01/2012 from	california 460
09/30/2012 through	Page 14 of 19
	I.D. NUMBER 1348691

SEE	INSTRUCTIONS ON REVERSE						1	tnrou	gn	Page	of
	e of FILER Friends of Patty Threet for School Board 2012						******			1.D. NUME 1348691	BER
CMF CNS CTB CVC FIL	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL	member com meetings and office expen petition circui phone banks polling and s postage, deli	munication: d appearan ses ating urvey rese very and n	s ces arcl	3	\$ \$ \$ \$ 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	uction cost i meals and meals a of the sai	me candidate/sponso
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	0	R	DESCR	IPTIO	OF PAYMENT		AMOUNT PAID
AMERICAN AND AND AND AND AND AND AND AND AND A											
-			A CONTRACTOR OF THE CONTRACTOR								

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

		lΕ	

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink. Amounts may be rounded

Statement covers period 07/01/2012 om	CALIFORNIA FORM	460	
09/30/2012	Page 15	. 19	

Accided Exhelises (Olihaid Bills)	to whole dollars.		from	1/2012	FORM. TOO
CEP INSTRUCTIONS ON CONTRACT				0/2012	ege 15 of 19
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Patty Threet for School Board 2012					NUMBER 48691
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resuppose postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr	nd production costs ibutions kers' salaries rtime and production sl, lodging, and meal avel, lodging, and men committees of thion	s eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Miller Maxfield Inc Santa Cruz, CA 95060	CNS	О	1937.50	1250.0	687.50
• Doumonts that one stability			1937.50	1250.0	00 687.50
* Payments that are contributions or independent expenditures must also be summerized on Schedule D.	SUBTOTALS	\$ \$	1937.50	\$ 1250.0	\$ 667.30
 Schedule F Summary Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized and provided expenses.) 			INCU	RRED TOTALS	1937.50
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	edule F, Column (c) subto	tals for payments on			1250.00
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	i			687.50

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

candidate filing/ballot fees

campaign literature and mailings

FND fundraising events

FIL

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

	SCHEDULE F (CONT.)
Statement covers period 07/01/2012 from	california 460
09/30/2012 through	Page 16 of 19
	LD NUMBER

NAME OF FILER Friends of Patty Threet for School Board 2012 1348691 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET t.v. or cable airtime and production costs

POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

phone banks

PRT. print ads

PHO

WEB information technology costs (internet, e-mail)

candidate travel, lodging, and meals

TRC

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD				
SUBTOTALS \$ \$ \$									

Schedule G	
Payments Made by an Agent or Independ	ient
Contractor (on Behalf of This Committee	

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

Statement covers period 07/01/2012 from	CALIFORNIA 460
09/30/2012 through	Page 17 of 19

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE	09/30/2012 through	Page 17 of 19
NAME OF FILER Friends of Patty Threet for School Board 2012		I.D. NUMBER 1348691
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

				4 3 T - 1	
CO	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundralsing events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	
LIT	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		-		
		_		
Attach additional information on appropriately labeled continuation shoots				TAL * *

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts m	print in ink. nay be rounded nie dollars.		Statement cov 07/0 from	ers period 1/2012	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Patty Threet for School Boa	ard 2012				09/3 through	30/2012	Page 18 I.D. NUMBER 1348691	of 19	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
		s	s	PAID S FORGIVEN S	DATE DUE		\$	SPER ELECTION**	
		s	s	PAID S FORGIVEN S	\$	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	0 \$	\$			
Schedule H Summary						(Enter (e) on Schedule I, Line 3)			
Loans made this period (Total Column (b) plus unitemized loans	less than \$100.)	***************************************		• • • • • • • • • • • • • • • • • • • •	\$		- [**If Required	
Payments received on loans (Total Column (c) plus uniternized payments. Net change this period. (Subtract Line (Enter the net here and on the Summan).	ents less than \$100.) 2 from Line 1.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NET \$	O y be a negative number)	-		
(Enter the net here and on the Summar	y Page, Column A, Line 7.)				(M8	y on a negative number)	ı		

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 07/01/2012 from09/30/2012 through	CALIFORNIA 460 FORM of 19
NAME OF FILER Friends of Patty Threet for School Board 2012				I.D. NUMBER 1348691
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		444.		
	•			
Attach additional information on appropriately labeled continuation sheets.				. \$
Schedule I Summa	ry			
1. Increases to cash of \$100 or more this period\$				0 0
2. Unitemized increases to cash under \$100 this period				บ ก
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$				-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)				0