

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Page 1 of 2

For Official Use Only

✓ Date Stamp
FILED
SANTA CRUZ COUNTY CLERK
12 OCT 24 PM 3:56

Statement covers period
from 10/01/2012
through 10/20/2012

Date of election if applicable:
(Month, Day, Year)
11/06/2012

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
- Ballot Measure Committee
 - Primarily Formed
 - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1348691

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Patty Threet for School Board 2012

CITY Santa Cruz STATE CA ZIP CODE 95060 AREA CODE/PHONE 831-419-7715

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
mrs.threet@gmail.com

Treasurer(s)

NAME OF TREASURER
Catherine Larion

CITY Capitola STATE CA ZIP CODE 95010 AREA CODE/PHONE 832-239-5703

NAME OF ASSISTANT TREASURER, IF ANY
Patty Threet

CITY Capitola STATE CA ZIP CODE 95010 AREA CODE/PHONE 831-419-7715

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 October 23, 2012
Date

Executed on October 24, 2012
Date

Executed on _____
Date

Executed on _____
Date

By Catherine Larion
Signature of Treasurer or Assistant Treasurer

By Patty Threet
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patty Threet

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Santa Cruz City Schools Distric Trustee Area 2

RESIDENTIAL / BUSINESS ADDRESS (NO. AND STREET), CITY STATE ZIP
Capitola, CA 95010

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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="radio"/> SUPPORT <input type="radio"/> 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 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="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT <input type="radio"/> 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 10/01/2012 through 10/20/2012 | CALIFORNIA FORM 460 |
| | Page 3 of 17 |
| | I.D. NUMBER 1348691 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Patty Threet for School Board 2012

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 2,315.00 | \$ 6,786.12 |
| 2. Loans Received Schedule B, Line 3 | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 2,315.00 | \$ 6,786.12 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 2,315.00 | \$ 6,786.12 |

**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 | Column B |
|---|-------------|-------------|
| 6. Payments Made Schedule E, Line 4 | \$ 4,216.31 | \$ 5,871.59 |
| 7. Loans Made Schedule H, Line 3 | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 4,216.31 | \$ 5,871.59 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 4,216.31 | \$ 5,871.59 |

**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 Previous Summary Page, Line 16 | \$ 2,815.84 |
| 13. Cash Receipts Column A, Line 3 above | \$ 2,315.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ 0 |
| 15. Cash Payments Column A, Line 8 above | \$ 4,216.31 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 914.53 |

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

| | |
|---|------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0 |
|---|------|

Cash Equivalents and Outstanding Debts

| | |
|---|------|
| 18. Cash Equivalents See instructions on reverse | \$ 0 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0 |

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).

*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.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from 10/01/2012 through 10/20/2012 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Friends of Patty Threet for School Board 2012 | I.D. NUMBER 1348691 |
|--|------------------------|

| 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) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 10/5/2012 | California Federation of Teachers Cope Burbank, CA 91505 | <input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | | 1,850.00 | 1,850.00 | |
| 10/6/21012 | Nancy McGovern San Mateo, CA 94402 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | accountant, Garnick LLC | 100.00 | 100.00 | |
| 10/12/2012 | Janet Edward Santa Cruz, CA 95062 | <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | Retired | 100.00 | 100.00 | |
| | | <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | | | | |
| | | <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC | | | | |
| SUBTOTAL \$ | | | | <u>2,050⁰⁰</u> | | |

Schedule A Summary

| | | |
|---|-----------------|-----------------|
| 1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ | <u>2,050.00</u> |
| 2. Amount received this period – unitemized contributions of less than \$100 | \$ | <u>265.00</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>2,315.00</u> |

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

| | |
|--|--------------------------------|
| Statement covers period from 10/01/2012 through 10/20/2012 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Patty Threet for School Board 2012

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)* | 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 fundraising events | 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| 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 | | 687.50 |
| Bruce Van Allen Santa Cruz, CA 95061 | CMP | | 550.00 |
| Patty Threet Capitola, CA 95010 | FIL | | 2,630.00 |
| SUBTOTAL \$ | | | 3,867.50 |

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

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 4,154.13 |
| 2. Unitemized payments made this period of under \$100 | \$ | 62.18 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 4,216.31 |

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

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

| | |
|--|--------------------------------|
| Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER 1348691 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Patty Threeth for School Board 2012

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)* | 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 fundraising events | 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| BelAire Displays Richmond, CA 94804 | CMP | | 286.63 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 286.63