

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

Date Stamp
FILED
SANTA CRUZ CO ELECTIONS
2014 OCT -6 AM 8:47

Page 1 of 1

For Official Use Only

Statement covers period
from 7/14/14
through 9/30/14

Date of election if applicable:
(Month, Day, Year)
Nov 4, 2014

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

1368561

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

Ken Wagman for School Board 2014

Treasurer(s)

NAME OF TREASURER

Valerie J. Valdez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Cruz CA 95060

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Cruz CA 95060

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

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Cruz CA 95060

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/2014
Date

Executed on 10/5/2014
Date

Executed on _____
Date

Executed on _____
Date

By Valerie J. Valdez
Signature of Treasurer or Assistant Treasurer

By Ken Wagman
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

CALIFORNIA
FORM
460

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Ken Wagman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Cruz City Schools District, Area 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Santa Cruz, CA 95060

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ 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 7/1/2014
through 9/30/2014

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

I.D. NUMBER

1368561

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 3480.00	\$ 3480.00
2. Loans Received Schedule B, Line 3	\$ 2596.00	\$ 2596.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6076.00	\$ 6076.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6076.00	\$ 6076.00

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

1. Payments Made Schedule E, Line 4	\$ 2732.72	\$ 2732.72
2. Loans Made Schedule H, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2732.72	\$ 2732.72
4. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
5. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
6. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 2732.72	\$ 2732.72

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

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ 140.00
3. Cash Receipts Column A, Line 3 above	\$ 6076.00
4. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
5. Cash Payments Column A, Line 8 above	\$ 2732.72
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3483.28
If this is a termination statement, Line 16 must be zero.	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 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).

Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ 0
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2596.00

*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 <u>7/14/14</u> through <u>9/30/14</u>		CALIFORNIA FORM 460
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NAME OF FILER Valerie J. Valdez		I.D. NUMBER 1308561

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

I.D. NUMBER

1308561

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)
8/8/14	Linda Locklin 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Coastal Commission	100.00	100 ⁰⁰	
8/14/14	Orry Philip Korb 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Counsel	100.00	100 ⁰⁰	
8/25/14	Curt & Karen Simmons 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optometrist Plaza Lane Optometry	100.00	100 ⁰⁰	
8/26/14	Democratic Womens Club of Santa Cruz County	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100 ⁰⁰	
8/29/14	Ronald E. Pomerantz 95060	<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	
SUBTOTAL \$				500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 3100.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 380.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3480.00

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Hotels.com - Hotel rooms with reviews, Discounts and Deals on 85,000 hotels worldwide

https://ssl.hotels.com/account/manage_bookings.html?section=UPCOMING

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CON

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>18</u>
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NAME OF FILER
 Valerie J. Valdez

I.D. NUMBER
 1368561

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)
6/23/2014	Michael D. Mann & Carol Salzman, MD Bethesda, MD 20817	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Attorney, Richards Kibbe & Orloe Physician, Privia Health	250.00	250.00	
7/9/2014	Douglas Lev Santa Cruz, CA 95061	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Managing Partner, Redtree Properties	100.00	100.00	
7/15/2014	David & Lu Haussler Santa Cruz, CA 95061	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Professor, UC Santa Cruz Attorney, Mediation Group of Santa Cruz	100.00	100.00	
7/20/2014	Robert Orrizzi 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	
7/31/2014	Eric Kloor Boulder, CO 80303	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	President/CEO, Macrosystems US	250.00	250.00	
SUBTOTAL \$				800.00		

*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 (CON

Statement covers period		CALIFORNIA FORM 460
from <u>7/1/2014</u>	through <u>9/30/2014</u>	
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NAME OF FILER

Valerie J. Valdez

I.D. NUMBER

1368561

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)
8/12/2014	Barbara Lawrence 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	Librarian Santa Cruz City Schools	100.00	100.00	
8/27/14	Lawrence DeMille-Wagman Bethesda, MD 20816	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Attorney CFTC	250.00	250.00	
8/31/2014	Gail Michaelis-Ow & George Ow, Jr. Santa Cruz, CA 95060	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Physician Assistant, Planned Parenthood & Real Estate Developer, Ow Family Properties	500.00	500.00	
9/5/2014	Nancy Wagman Brookline, MA 02445	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Project Director, Massachusetts Budget and Policy Center	250.00	250.00	
9/14/2014	Paul Gratz Santa Cruz, CA 95065	<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	
SUBTOTAL \$				1200.00		

*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 (CON

Statement covers period from <u>7/1/2014</u>		CALIFORNIA FORM 460
through <u>9/30/2014</u>		
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NAME OF FILER
 Valerie J. Valdez

I.D. NUMBER
1368561

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)
9/4/2014	Frederick Keeley Santa Cruz, CA 95060	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Treasurer, Tax Collector, Santa Cruz County	100.00	100.00	
9/16/2014	Jim Logsdon Santa Cruz, CA 95060	<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	
9/14/2014	Cynthia Mathews Santa Cruz, CA 95060	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Santa Cruz City Council	100.00	100.00	
9/11/2014	Michele Ignoffo & Joseph Culver Santa Cruz, CA 95060	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Teacher, Loma Prieta Elementary School	100.00	100.00	
9/19/2014	Rachel Thorsett Salem, OR 9730	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Lecturer, Wilamette University	200.00	200.00	
SUBTOTAL \$				600.00		

*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

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

SCHEDULE B - PART 1

Statement covers period

from 7/14/14

through 9/30/14

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1368561

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 CONTRIBUTION: TO DATE
Ken Wagman Santa Cruz, CA 95060 <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ 0.00	\$ 3849.00	<input checked="" type="checkbox"/> PAID \$ 1253.00 <input type="checkbox"/> FORGIVEN \$	\$ 2596.00 7/18/2014 DATE DUE	0 % RATE 0.00 \$	\$ 3849.00 7/18/2014 DATE INCURRED	CALENDAR YEAR \$ 3849.00 PER ELECTION** \$
<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$						\$	\$	\$

Schedule B Summary

1. Loans received this period \$ 3849.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 1253.00
(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 \$ 2596.00
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)

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

† Contributor Codes

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

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 from <u>7/14/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

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
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$ <u>0.00</u>						
						Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

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

Statement covers period from <u>7/14/14</u> through <u>9/30/14</u>		CALIFORNIA FORM 460
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NAME OF FILER Valerie J. Valdez		I.D. NUMBER <u>1368561</u>

SEE INSTRUCTIONS ON REVERSE

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)
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 00

***Contributor Codes**
 IND – Individual
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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from <u>7/14/14</u> through <u>9/30/14</u>		SCHEDULED CALIFORNIA FORM 460
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		I.D. NUMBER <u>1308561</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$ <u>0.00</u>						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0.00

Schedule E Payments Made

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

SCHEDULE

Statement covers period

from 7/14/14

through 9/30/14

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1368561

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.
NS campaign consultants
TB contribution (explain nonmonetary)*
VC civic donations
IL candidate filing/ballot fees
ND fundraising events
ID independent expenditure supporting/opposing others (explain)*
EG legal defense
IT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Maverick Printing Mailing Santa Cruz, CA 95060	LIT		126.15
Eva Reno Santa Cruz, CA 95060	LIT		712.00
Belaire Displays Richmond, CA 94804		Lawn Signs	1,253.50

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

SUBTOTAL \$ 2,091.65

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2619.72
 2. Unitemized payments made this period of under \$100 \$ 113.00
 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 \$** 2732.72

Schedule E
Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
Page <u>13</u> of <u>18</u>		
NAME OF FILER Valerie J. Valdez		I.D. NUMBER 1368561

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
IT 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
Accurate Printing San Francisco, CA 94107	LIT		528.07

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

SUBTOTAL \$ 528.07

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

Statement covers period
from 7/14/14
through 9/30/14

CALIFORNIA FORM **460**Page 14 of 18

I.D. NUMBER

1368561

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting
LEG	legal defense
LIT	campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

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 \$		\$	\$	\$	\$

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

Schedule F Summary

- | | |
|---|--|
| <p>1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....</p> <p>2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)</p> <p>3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)</p> | <p>INCURRED TOTALS \$ <u>00</u></p> <p>PAID TOTALS \$ <u>00</u></p> <p>NET \$ <u>00</u></p> |
|---|--|
- May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>7/14/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>18</u>
I.D. NUMBER <u>1368501</u>	

NAME OF FILER

Valerie J. Valdez

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	TSP 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)

* 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 Independent Contractor (on Behalf of This Committee)**Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Statement covers period

from 7/14/14

through 9/30/14

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I.D. NUMBER

1368561

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

* 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*

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

Statement covers period from <u>7/14/14</u> through <u>9/30/14</u>		CALIFORNIA FORM 460
		Page <u>17</u> of <u>18</u>
NAME OF FILER Valerie J. Valdez		I.D. NUMBER <u>1368501</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____ % RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____ % RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____	

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

Schedule H Summary

- Loans made this period \$ 00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
 from 7/14/14
 through 9/30/14

SCHEDULE I
 CALIFORNIA
 FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Valerie J. Valdez

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I.D. NUMBER

1368561

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- Itemized increases to cash this period. \$ 00
- Unitemized increases to cash of under \$100 this period. \$ 00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 00