

Recipient Committee Campaign Statement - Short Form

Type or print in ink.

SHORT FORM

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 <u>07/01/2010</u> through <u>09/30/2010</u>	Date of election if applicable: (Month, Day, Year) <u>02NOV2010</u>
--	---

Date Stamp <u>FILED</u> SANTA CRUZ CO. CALIF. <u>10 OCT -4 PM 12:20</u>	CALIFORNIA FORM 450 Page <u>1</u> of <u>4</u> For Official Use Only
--	--

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder 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
122291

COMMITTEE NAME
WATSONVILLE REGIONAL AIRPORT PROMOTION (WRAP)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
LA SELVA BCH CA 95076 831 687-0719

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
HAL ZAMORA
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
LA SELVA BCH CA 95076 831 687-0719
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
831 688-4734/hjzam@comcast.net

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 10/01/2010
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By Hal Zamora
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____
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
Summary Page**

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

SHORT FORM

Statement covers period from <u>07/01/2010</u>	CALIFORNIA FORM 450
through <u>09/30/2010</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER
	122291

NAME OF COMMITTEE

WRAP

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>2400</u>
2. Expenditures under \$100 made this period (Not itemized.)	_____
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ <u>2400</u>
4. Nonmonetary Adjustment <i>From Line 8 Below</i>	_____
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>	\$ _____
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>2400</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>650</u>
8. Non-monetary contributions received this period	_____
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>	\$ _____
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>650</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>23432</u>
12. Cash receipts this period <i>Line 7 above</i>	<u>650</u>
13. Miscellaneous increases to cash	\$ <u>393</u>
14. Cash expenditures this period <i>Line 3 above</i>	<u>(2400)</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>22076</u>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/2010
through 09/30/2010

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 4

I.D. NUMBER
122291

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

WRAP

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*
9/08/10	BILL NEIGHBORS ID 1329072	CTB	CITY COUNCIL	200	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
9/09/10	MATHIAS FOR WATER 2010 APTOS 95003	CTB	CENTRAL WATER DIST.	200	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
09/18/10	MARTY CORLEY ID 1329162	CTB	CITY COUNCIL	500	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				900	

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

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 07/01/10
through 09/30/10

SHORT FORM
CALIFORNIA FORM 450
Page 4 of 4
I.D. NUMBER
122291

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

WRAP

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*
8/30/10	NICK RIVERA ID 1330120	CTB	CITY COUNCIL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1000	Calendar Year \$ _____ Other \$ _____
09/1/10	NANCY BILICICH ID 1327612	CTB	CITY COUNCIL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500	Calendar Year \$ _____ Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				1500	

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