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# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

**FILED**

CALIFORNIA FORM **450**

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 10/01/10  
through 10/16/10

Date of election if applicable:  
(Month, Day, Year)  
11/02/10  
By GAIL L. PELLERIN, CLERK  
Deputy Santa Cruz County

OCT 19 2010

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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
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)

### 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
<u>LA SELVA BCH</u>	<u>CA</u>	<u>95076</u>	<u>831 687-0719</u>

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  
831 688-4734/hjzam@comcast.net

### Treasurer(s)

NAME OF TREASURER  
HAL ZAMORA

MAILING ADDRESS  
SAME AS #3  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

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 10/16/10  
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>10/01/10</u> through <u>10/16/10</u>	<b>CALIFORNIA FORM</b>	<b>450</b>
	Page <u>2</u> of <u>3</u>	
NAME OF COMMITTEE		I.D. NUMBER
WRAP		122291

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>1000</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>1000</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>	\$ <u>2400</u>
<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>3400</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>400</u>
8. Non-monetary contributions received this period .....		<u>          </u>
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$ <u>650</u>
<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>1250</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	<u>22076</u>
12. Cash receipts this period .....	<i>Line 7 above</i>		<u>400</u>
13. Miscellaneous increases to cash .....		\$	<u>          </u>
14. Cash expenditures this period .....	<i>Line 3 above</i>		<u>(1000)</u>
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>21476</u>

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**CALIFORNIA  
FORM 450**

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I.D. NUMBER  
122291

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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*
10/07/10	GABE GONZALEZ ID#1310400	CTB	WATSONVILLE CITY COUNCIL  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	500	Calendar Year \$ _____ Other \$ _____
10/13/10	ERINE WINSOR	CTB	APTOS/LA SELVA FIRE BOARD  <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 \$ _____
<b>SUBTOTAL \$</b>				<b>1000</b>	

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