				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp FILE D SANTA GRUZ CO ELECT	CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from/-/- 20 / \(\frac{5-17-20/4}{} \)	Date of election if applicable: (Month, Day, Year)	2014 MAY 21 PM 4:	Page of
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T) Amendment (Explain b) Fen 100 THM	Specia Supple Fermination) Staten	
3. Committee Information	1.D. NUMBER 1366263	Treasurer(s)	IM SAULTZ	
STREET ADDRESS AND BO BOYS CITY STATE ZIP	SCOTTS LALEY CODE AREA CODE/PHONE	MAILING ADDRESS SCOTIS VALUE CITY VICICIE CUI NAME OF ASSISTANT TREASU	STATE ZIP CO	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O	95066 831-438 BOX 4513	MAILING ADDRESS BOULDER	CREEK CA 950	NG 252-0710
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	· · · · · · · · · · · · · · · · · · ·
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor Executed on	nia that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure	Treesurer opponent or Responsible Officer of Sponsor	es is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	,	EDDC Form 450 / January/05\

Recipient Committee Campaign Statement Cover Page	nk.	See the process			
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period 4/15/2014 5/14/2014 through	Date of election is AND ONU. (Month, Day, Year) 6/3/2014 MAY 2	CO ELECTIONS	Page	of 23 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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 To Amendment (Explain b This statement covers through the pre-electi	elow) s the period from th		Year Report Il Preelection Attach Form 495
	D. NUMBER 1366263	Treasurer(s) NAME OF TREASURER Kim Shultz MAILING ADDRESS		(Small-back Maddessin Make des Britan Shisharan Make des Shisharan Make des Shisharan Make des Shisharan Make des	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Scotts Valley CA 95066 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	6	CITY Scotts Valley NAME OF ASSISTANT TREASU Vickie Clark MAILING ADDRESS	STATE CA RER. IF ANY	ZIP CODE 95066	area code/phone 831-438-2538
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	CITY Boulder Creek OPTIONAL: FAX / E-MAIL ADDR	STATE CA RESS	ZIP CODE 95006	AREA CODE/PHONE 831-252-0710
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By	wledge the information contained he MT Cl w Signature of Treasurer or Assistant rolling Officeholder, Candidate, State Measure Pro	Treasurer pponent or Responsible Officer of tale Measure Proponent	Sponsor	ie and complete, I certify

COVER PAGE

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			BILL HURLINGS BURNESS IN A SEC.
		Measure A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATE	ION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
,		Α	Scotts Val	I 1	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP	Identify the controlling of	fficeholder, can	didate, or state measure	proponent, if as
The Control of the Co		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	PONENT	
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive shalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO	, IF ANY
COMMITTEE NAME	I.D. NUMBER	No. and house all the Review of the State of			
COMMITTEE NAME	I.D. NUMBER	D-14 has 2010 2-150 at 150 at			
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car	ndidate/Office (s) for which this	eholder Committee committee is primarily for	List names of med.
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate((s) for which this	eholder Committee committee is primarily for OFFICE SOUGHT OR HELD	med.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDI	CONTROLLED COMMITTEE?	officeholder(s) or candidate((s) for which this	committee is primarily for	support Oppose
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDI CITY S	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX)	officeholder(s) or candidate((s) for which this CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDI	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	Officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

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

Statement covers period

from 4/15/2014

5/14/6014

through

SUMMARY PAGE GALLEGRADA (250 FORM 1 2 50

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A Scotts Vailey

Contributions Received	(Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMIN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	20,511	\$	20,511	General Elections
2. Loans Received Schedule B, Line 3		0		0	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$		\$	20,511	20. Contributions Received \$\$
4. Nonmonetary Contributions		993		993	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	21,504	\$	21,504	Made \$ \$
Expenditures Made		7.004	A PARTICULAR DE LA PARTICIONA DE LA PART	7,821	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0	\$	0	Candidates
7. Loans Made		7.004	_	7,821	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	\$	0	\$	0	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0		0	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment		7,821	\$	7,821	\$
Current Cash Statement		arate eta 1944 arren 1940 arren eta erren 1940 arren 1940 arren 1940 arren 1940 arren 1940 arren 1940 arren 19			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0	To	calculate Column B. add	
13. Cash Receipts Column A, Line 3 above		20,511	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		responding amounts m Column B of your last	Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A. Line 8 above		7,821		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	12,690	figu	ures that should be	
If this is a termination statement, Line 16 must be zero.	e e e e e e e e e e e e e e e e e e e		pe	otracted from previous riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2		^	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts		0		m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (January/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37

Schedule A **Monetary Contributions Received**

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

SCHEDULE A Statement covers period **CALIFORNIA** 4/15/2014 **FORM** from . 5/14/26 14 6/3/2014 Page 4 through

SEE INSTRUCTIONS ON REVERSE	BEE	INS	TRL	ICT	IONS	ON	RE۱	/EF	₹SE	Ξ
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NAME OF FILER

I.D. NUMBER

Yes on Me	easure A Scotts Valley					1366263
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
4/30/14	Wendy Abel Scotts Valley, CA 95066	DIND COM OTH PTY SCC	Homemaker	110	11	0
4/15/14	Toby and Michael Alexander Santa Cruz, CA 95060	DIND COM OTH PTY SCC	Retired	250	25	0
4/30/14	Carlos and Jane Arcangeli Scotts Valley, CA 95066	DIND COM OTH PTY SCC	Physician	300	30	00
4/30/14	Larry G. Beaman Scotts Valley, CA 95066	IND □ COM □ OTH □ PTY □ SCC	Insurance Broker Beaman Insurance Agency	100	10	00
4/30/14	Steve and Lisa Bellavance Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Meteorologist Jeppesen	110	11	0
			SUBTOTAL	\$ 970		
. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	18,311	IND-In COM-	butor Codes ndividual Recipient Committee (other than PTY or SCC)
. Amount re	ceived this period – unitemized monetary contributions	s of less than S	\$100\$	2,200	отн –	Other (e.g., business entity) Political Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	20,511		Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 4/15/2014 FORM 4 5 0

5/19/2014 5/19/2014 6/2/2014 Page

through.

FORM 123

NAME OF FILER

Yes on Measure A Scotts Valley

I.D. NUMBER 1366263

	asure A Scotts valley			*****	10002	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15/14	Vickie and Harry Clark Boulder Creek, CA 95006	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Manager Scotts Valley USD	150	150	
4/15/14	Virginia and R.J. Clark Santa Cruz. CA 95060	☑IND □COM □OTH □PTY □SCC	Retired	225	225	
4/30/14	Aura Clendenen Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Court Reporter Santa Clara County Superior Court	100	100	
4/30/14	Kelly Cushman Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Recruiter Oracle USA	525	525	
4/30/14	Jack and Lisa Dilles Scotts Valley, CA 95067	☑IND ☐COM ☐OTH ☐PTY ☐SCC	School Trustee Consultant	100	100	
			SUBTOTALS	1100		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 4/15/2014

CALIFORNIA 460

FORM

FORM

Page 0 of 23

I.D. NUMBER

NAME OF FILER

Yes on Measure A Scotts Valley

1366263

	·					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
5/6/14	David and Jacqueline Heald Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Banking Santa Cruz County Bank	500	500	
4/30/14	Susan Jones Salinas, CA 93909	☑IND □COM □OTH □PTY □SCC	CTA Representative California Teachers Association	100	100	
4/30/14	Patricia Kelban Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired	100	100	
4/30/14	George B. Leavell San Jose, CA 95119	☑IND □COM □OTH □PTY □SCC	Patent Attorney	170	170	
4/30/14	Gina and Joe Nedney Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Coach Scotts Valley USD	1000	1000	
			SUBTOTAL\$	1,870		

*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

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 4/15/2014 **FORM** from. 5/14/2014 613/2044 19 through. I.D. NUMBER

NAME OF FILER

Yes on Me	easure A Scotts Valley				1366	3263
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)
4/30/14	Ann Marie and Kevin Nice Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Office Manager San Agustin	100	100	
5/5/14	Allison and Paul Niday Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Public Relations Tanis Communications	100	100	
4/30/14	Jim Reed for City Council Committee c/0 Treasurer J. Mazurek Scotts Valley, CA 95066	□IND ☑COM □OTH □PTY □SCC	FPPC #1294526	100	100	
4/15/14	Suzanna and Donald Roth Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Administration UC Santa Cruz	150	150	
4/30/14	Rick and Dawn Seeler Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	Engineering Team Adobe Systems	250	250	
			SUBTOTAL	700		

*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

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 4/15/2014 from.

through __

5/16/1118	1 ORIN	
6/3/2014 FJ	Page 8 of 23	
	LD MUMPED	_
	I.D. NUMBER	

NAME OF FILER

Yes on Measure A Scotts Valley

1366263 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF REQUIRED) PERIOD (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) OF BUSINESS) **☑**IND Michael and Kristina Shulman Engineer Manager □ COM Underwriters Laboratories 200 200 4/15/14 □OTH Scotts Valley, CA 95066 □PTY SCC **☑**IND School Board Trustee Kim Shultz СОМ Transportation Manager 100 100 4/15/14 □OTH Santa Cruz County Scotts Valley, CA 95066 □ PTY Transportation Comm. SCC **☑**IND Scott and Denise Sutter Vice President, Sales COM Groupware Technology 2,500 2,500 4/30/14 Потн Scotts Valley, Ca 95066 PTY □scc IND Greg Wimp and Kirsten Maure Speech & Language □ COM Professional 171 171 4/30/14 □ OTH Scotts Valley USD Scotts Valley, CA 95066 □PTY □scc Mike Smith ПСОМ 500 500 Jarvis Engineering Co., Inc. 4/30/14 **☑**OTH □ PTY Scotts Valley, CA 95066 □scc 3,471 SUBTOTAL \$

*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

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

		SCHEDULE A (CONT.)
State	ment covers period 4/15/2014	CALIFORNIA 460
through_	5/14/2014 6/3/2014	Page 9 of 23
		I.D. NUMBER
		1366263

NAME OF FILER

Yes on Measure A Scotts Valley

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)
4/22/14	King's Village Shopping Center Scotts Valley, CA 95066	☐IND ☐COM ØOTH ☐PTY ☐SCC		10,000	10,000	
4/26/14	Santa Cruz County Democratic Central Committee Santa Cruz, CA 95061	☐IND ☐COM ☐OTH ☑PTY ☐SCC	FPPC #742230	200	200	
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SUBTOTALS	10,200	·	

*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

Schedule B - Part 1 Loans Received

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

Statement covers period 4/15/2014

(e)

SCHEDULE B - PART 1

from . 5/14/2014 6/3/2014 KJ Page 10 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1366263 Yes on Measure A Scotts Valley

(g) CUMULATIVE ORIGINAL AMOUNT OF CONTRIBUTIONS LOAN TO DATE CALENDAR YEAR

(a) OUTSTANDING (b) AMOUNT (d) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE INTEREST AMOUNT PAID BALANCE OCCUPATION AND EMPLOYER BALANCEAT OF LENDER RECEIVED THIS PAID THIS OR FORGIVEN CLOSE OF THIS (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD NAME OF BUSINESS) PERIOD THIS PERIOD' PERIOD PAID NO LOANS WERE RECEIVED RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED TO IND COM COTH PTY SCC CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION *** DATE DUE DATE INCURRED T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION ** DATE INCURRED DATE DUE T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC SUBTOTALS \$ \$ (Enter (e) on Schedule E. Line 3)

Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (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 \$ Enter the net here and on the Summary Page, Column A, Line 2.

*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 (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORN	
from	4/15/2014	FORM	
through _	5/14/2014 8/3/2014 Fy	Page 1	of 23
 		I.D. NUMBER	
		4000000	

SCHEDULE 8 - PART 2

NAME OF FILER					I.D. NUMBER	
Yes on Measure A Scotts Valley					1366263	
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
NO LOAN GUARANTEES WERE MADE	□IND □COM □OTH □PTY □SCC		DATE		CALENDAR YEAR: \$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		\$PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		\$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		\$PER ELECTION (IF REQUIRED)	
			SUBTOTAL.	\$ 0	Enteron Summary Page,	

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA FORM 4/15/2014 from. 5/14/2014 6/3/2014 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Yes on M	leasure A Scotts Valley					136626	3		
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)		
4/30/14	Toby and Michael Alexander Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired	Items for silent auction fundraiser	100	100			
4/30/14	Art Bubb Scotts Valley, CA 95066	☑IND □COM □OTH □PTY □SCC	School Board President	Items for silent auction fundraiser	130	130			
4/30/14	Virginia and R. J. Clark Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired	Items for silent auction fundraiser	135	135			
4/30/14	Jack and Lisa Dilles Scotts Valley, CA 95067	☑IND □COM □OTH □PTY □SCC	School Trustee Consultant	Items for silent auction fundraiser	50	50			
Attach ad	ditional information on appropriately label	ed continuati	ion sheets.	SUBTOTAL \$	415				
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)									
•	received this period – unitemized nonmoneta				455		an PTY or SCC) .g., business entity) Party		
	Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)								

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 4/15/2014 CALIFORNIA 460 FORM FORM Page 13 of 23

SEE INSTRUCT	TIONS ON REVERSE				thro	ugh <u>6/3/20</u>	10/4 14. 15	Page _	3 of 23
Yes on M	R leasure A Scotts Valley							1.D. NUMB	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE			PER ELECTION TO DATE (IF REQUIRED)
4/30/14	Allison and Paul Niday Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Public Relations Tanis communications	Items for silen auction fundra		23		23	
4/30/14	Treasures Jewelry Scotts Valley, CA 95066	□IND □COM □OTH □PTY □SCC		Items for siler auction fundra		100		100	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL \$	123			
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)							_ IND	(other th	des t Committee an PTY or SCC) .g., business entity)
	Amount received this period – unitemized nonmonetary contributions of less than \$100								

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 CALIFORNIA FORM

5/14/2014 FORM

through 6/3/2014 F. Page 14

SEE INSTRUCTION	57 / 10 through	4 /2014 1944 19.	Page _	4 ,23			
NAME OF FILER Yes on Me	asure A Scotts Valley					1.D. NUME 136626	
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	NONE	Monetary Contribution Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA	L \$	* 1		
1. Itemized	D Summary contributions and independent expenditures made						0
	ed contributions and independent expenditures ma						. 0
Total cont	ributions and independent expenditures made thi	is period. (Add Lines 1 a	nd 2. Do not enter on t	the Summary Page.)	тот	TAL \$	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDUL	ED (CONT.)
State	ment covers period	CALIFORNIA	120
from	4/15/2014	FORM	
through.	5/14/2014 5/3/2014 14	Page 15 of	23
		I.D. NUMBER	
		1266263	

NAME OF FILER Yes on Me	easure A Scotts Valley					I.D. NUME 136626	
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)
	NONE Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	-				ı
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					

Schedule E **Payments Made**

CMP campaign paraphernalia/misc.

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

MBR member communications

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

Statement covers period		CALIFORNIA	460	
from	4/15/2014	FORM	400	
through _	5/14/2014 8/3/2014	Page 16 o	,23	
		I.D. NUMBER		

RAD radio airtime and production costs

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1366263 Yes on Measure A Scotts Valley

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		d appearance ses lating survey resear ivery and me		RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable alrtime and productio TRC candidate travel, lodging, and mer TRS staff/spouse travel, lodging, and it TSF transfer between committees of t VOT voter registration WEB information technology costs (inter-	als meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Santa Cruz County Elections Department			Voter data base		
Santa Cruz, CA 95060		POL			225
Greg Wimp				for payment to Build A Sign for	
Scotts Valley, CA 95066		CMP	campaign signs a	and banners	3,314
Leo's U Save Liquor			Supplies for kicks	off fundraiser	
Scotts Valley, CA 95066		FND			219
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.	SUBTO	OTAL\$ 3,758
Schedule E Summary					
Itemized payments made this period. (Include all Schedule)	e E subtotals.)				. \$7,579
. Unitemized payments made this period of under \$100\$					
	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					7 0 2 4
T. Total payments made the period. (Nod Ellies 1, 2, and o. t		oumma	, ago, columni,		T

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period

4/15/2014 from. 5714 /2014 613/2014 9

through.

SCHEDULE E (CONT.)
california 460 form

SEE INSTRUCTIONS ON REVERSE	anough	Page 1 1 or v
NAME OF FILER		I.D. NUMBER
Yes on Measure A Scotts Valley		1366263
The street programmer		the state of the state of the state of the state of the

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* OFC office expen petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researd ivery and mes	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID	
Maverick Mailing, LLC Santa Cruz, CA 95060	LIT	Campaign mailing	998	
Sentinel Printers, Inc. Santa Cruz, CA 95060	LIT	Brochures	1360	
I On Design, Inc. Scotts Valley, CA 95066	LIT	Design of campaign materials	451	
Greg Wimp Scotts Valley, CA 95066	LIT	Reimbursement for purchase of campaign thank you notes from Vistaprint	141	
Scotts Valley, ČA 95066	FND	Rental of community center for kickoff fundraiser	186	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$				

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from 4/15/2014	FORM TOO
through 6/3/2014 /9	Page 18 of 23

I.D. NUMBER

Yes on Measure A Scotts Valley		1366263
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* OFC office expenditure expenditure of the petition circle phone banks of the polling and postage, do postage	nmunications RAD ra Id appearances RFD re Inses SAL ca Idating TEL t.v. Is TRC ca Id survey research TRS str Ivery and messenger services TSF tra Is services (legal, accounting) VOT vo	escribe the payment. dio airtime and production costs turned contributions ampaign workers' salaries or cable airtime and production costs andidate travel, lodging, and meals aff/spouse travel, lodging, and meals ansfer between committees of the same candidate/sponsor oter registration formation technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DESCRIPTION O	P PAYMENT AMOUNT PAID
Sentinel Printers, Inc.	Brochure printing LIT	685
Santa Cruz, CA 95060		
* Payments that are contributions or independent expenditures must also be summarized o	Schedule D.	SUBTOTAL \$ 685
		The state of the s

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 4/15/2014

CALIFORNIA Z. S.O.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A Scotts Valley

5/14/2019 through 5/3/2014

I.D. NUMBER 1366263

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants returned contributions CNS MTG meetings and appearances contribution (explain nonmonetary)* 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 staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) ш campaign literature and mailings PRT print ads (b) (d) CODE OR NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID OUTSTANDING AMOUNT INCURRED OUTSTANDING DESCRIPTION OF PAYMENT THIS PERIOD THIS PERIOD BALANCE AT CLOSE BALANCE BEGINNING (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD NONE * Payments that are contributions or independent expenditures must also be \$ \$ \$ SUBTOTALS \$ summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for 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.)PAID TOTALS \$ 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 4/15/2014 from 5/1/2014 through

CALIFORNIA 460

SCHEDULE F (CONT.)

Page 20 of 23

I.D. NUMBER

1366263

Yes on Measure A Scotts Valley

NAME OF FILER

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

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

NONE					
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

Schedule G	7		Inle				SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	ne or print in nts may be r whole dolla	ounded	State	ement covers period 4/15/2014 5/14/2019	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				through	S/3/2014- KL	Page <u>21</u>	of 23
NAME OF FILER				-		I.D. NUMBER	
Yes on Measure A Scotts Valley						1366263	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
N	IONE						
CODES: If one of the following codes accurately describ	es the payment,	you may	enter the code. O	therwise, d	lescribe the payment.		J. J.
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 * Payments that are contributions or independent expenditures must all	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone ban POL polling and POS postage, d PRO professions PRT print ads	mmunication and appearar enses culating ks I survey rese elivery and I al services (earch messenger services legal, accounting)	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF tran VOT vote	lio airtime and production of urned contributions impaign workers' salaries or cable airtime and product indidate travel, lodging, and riff/spouse travel, lodging, ar insfer between committees of ter registration ormation technology costs (in instance of the same and th	ction costs meals nd meals of the same (
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF	PAYMENT		AMOUNT PAID

CODE (OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
			TOTAL * 6	. 0
	CODE	CODE OR	CODE OR DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT

^{*} 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.

Sched	ule	Н	
Loans	Mad	de to	Others*

Type or print in ink.

State	ement covers period	CALIFORNIA	46
m	4/15/2014	FORM	
	5714/2014	1 2	

SCHEDULE H

Amounts may be rounded to whole dollars. fro Page 44 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Yes on Measure A Scotts Valley 1366263 (a) OUTSTANDING (g) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL CUMULATIVE REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS BALANCE AT OF RECIPIENT LOANED THIS RECEIVED AMOUNT OF LOANS (IF SELF-EMPLOYED, ENTER **FORGIVENESS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD LOAN TO DATE NAME OF BUSINESS) PERIOD THIS PERIOD* PERIOD CALENDAR YEAR PAID NO LOANS MADE RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE ☐ FORGIVEN PER ELECTION** DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must SUBTOTALS \$ \$ also be reported on Schedule E. (Enter (e) on Schedule I. Line 3) **Schedule H Summary** 1. Loans made this period\$ **If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ \frac{\text{U}}{\text{(May be a negative number)}} (Enter the net here and on the Summary Page, Column A, Line 7.)

SEE INSTRUCTION	ous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	d Statement covers period from 4/15/2014 ST/Y/E0/4 through	CALIFORNIA 460 FORM of 23 LD. NUMBER 1366263
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE			
Attach addit	ional information on appropriately labeled continuation sheets.		SUBTOTA	L\$