

497 Contribution Report

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

FILED
SANTA CRUZ CO ELECTIONS

497 CONTRIBUTION REPORT

NAME OF FILER <i>Yes on A Scotts Valley</i>		Date of This Filing <i>5/6/14</i>	Date Stamp 2014 MAY -6 PM 1:21	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>831 438 4513</i>	I.D. NUMBER (if applicable) <i>1366263</i>	Report No. <i>2</i>		
CITY <i>SCOTTS VALLEY</i>	STATE <i>CA</i>	ZIP CODE <i>95066</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <i>1</i>	

1. Contribution(s) Received

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
<i>5/5/14</i>	<i>GINA & JOE NEONEY SCOTTS VALLEY, CA 95066</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>RETIRED</i>	<i>\$1,000.⁰⁰</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____

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NAME OF FILER <u>YES ON A SCOTTS VALLEY</u>		Date of This Filing <u>2014 APR 30 PM 3:32</u>	Date Stamp <u>20</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>831-438-4513</u>	I.D. NUMBER (if applicable) <u>1366263</u>	Report No. <u>1</u>		
CITY <u>SCOTTS VALLEY</u>	STATE <u>CA</u>	ZIP CODE <u>95061</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	

1. Contribution(s) Received

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
<u>4/18/14</u>	<u>KING'S VILLAGE SHOPPING CENTER</u> <u>SCOTTS VALLEY, CA 95066</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$10,000.00</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____