Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp FILIED A CRUZ CO ELECTED	COVER PAGE CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 31 AMII: 5	For Official Use Only
1. Type of Recipient Committee: All Committees -  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete 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	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Yes on Measure A Scotts Valley	1.D. NUMBER 1366263	Treasurer(s)  NAME OF TREASURER  Kim Shultz  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP C  Scotts Valley CA 9506  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	66	CITY Scotts Valley NAME OF ASSISTANT TREASUR Vickie Clark MAILING ADDRESS	CA 9	831-334-2393
OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	CITY Boulder Creek OPTIONAL: FAX / E-MAIL ADDR	CA 98	IP CODE AREA CODE/PHONE 5006 831-252-0710
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ  Executed on	BySignature of Coni	Signature of Controlling Officeholder, Candidate, State Measure Prop	reasurer onent or Responsible Officer of Spor	lack
Date	-,	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent	

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

Officeholder or Candidate Controlle	ed Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	<del></del>		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP		Identify the controlling of			sure proponent, if any.
Related Committees Not Included in	n this Statement: List any committees		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT	
not included in this statement that are controll contributions or make expenditures on behalf	led by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			<u>-</u>		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic for which th	ceholder Committe is committee is primarilj	90 List names of y formed.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)					OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if necessary	<b>,</b>

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes On Measure A Scotts Valley 1366263 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 1500 1. Monetary Contributions ...... Schedule A, Line 3 1500 1/1 through 6/30 2. Loans Received ...... Schedule B, Line 3 7/1 to Date 0 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 1500 20. Contributions 1500 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 1500 1500 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (if Subject to Voluntary Expanditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C. Line 3 (mm/dd/yy) **Current Cash Statement** 5049 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, add 1500 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the corresponding amounts 0 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 6549 report. Some amounts in 15. Cash Payments ...... Column A. Line 8 above Column A may be negative 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_ for this calendar year, only carry over the amounts **Cash Equivalents and Outstanding Debts** from 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 \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Statement covers period

				from1/1.	/2015	FOR	<sup>RNIA</sup> 460
	DNS ON REVERSE			through6/3	30/2015	Page L	1 01 17
Yes On Me	easure A Scotts Valley					I.D. NUMB 1366263	ER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/9/15	Blach Construction San Jose, CA 95131	□IND □COM ☑OTH □PTY □SCC		1500	15	500	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC	•				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL\$			150	0
. Amount rec	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions		·	1500	IND-I	ibutor Codes ndividual Recipient Co (other than	

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or pri Amounts may to whole o	be rounded	Irom	rers period (2015 0/2015	CAL F Page	
Yes On Me	easure A Scotts Valley					13662	
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 CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY					

SUBTOTAL\$

□scc

\*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.				vers period /2015	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through6/	30/2015	Page (0	of 17	
NAME OF FILER							I.D. NUMBER		
Yes On Measure A Scotts Valley							1366263		
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 PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE	
No loans were received.				PAID	FERIOD		EOAN	CALENDAR YEAR	
				\$FORGIVEN	-   \$	RATE %	\$	\$ PER ELECTION	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$	\$		\$	CALENDAR YEAR \$ PER ELECTION	
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$ FORGIVEN	- \$	%	s	CALENDAR YEAR	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	PER ELECTION*	
		SUBTOTALS \$	\$		\$	\$		0	
Schedule B Summary						(Enter (e) on Schedule E, Line 3	)		
Loans received this period  (Total Column (b) plus unitemized loans	of less than \$100 \			\$	0	_			
Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0		Contributor Codes  ND – Individual  COM – Recipient Cor  (other than P  DTH – Other (e.g., b	TY or SCC) ousiness entity)	
3. Net change this period. (Subtract Line	2 from Line 1.)	•••••		NET \$	0	Į F	PTY - Political Party SCC - Small Contribu		
Enter the net here and on the Summary	Page, Column A, Line 2.			(N	lay be a negative number)				

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

\*\* If required.

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

Schedule B – Part 2  Loan Guarantors  Type or print in ink.  Amounts may be rounded to whole dollars.			Statem	ent covers perio 1/1/2015		ORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/2015	Page	7 of 17
NAME OF FILER Yes On Measure A Scotts Valley						1.D. NUME 136626	
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		LENDER			CALENDAR YEAR	3
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)	-
	□scc					s	_
	□IND □COM		LENDER			CALENDAR YEAR	₹
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
						\$	-
	□IND □COM □OTH		LENDER			\$PER ELECTION	-
	□PTY □SCC		DATE			(IF REQUIRED)	-
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	1 1 1261.31	1		1			1

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

## Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2015 CALIFORNIA FORM 460

through 6/30/2015 Page of 17

I.D. NUMBER

Yes On Measure A Scotts Valley 1366263 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION DATE DESCRIPTION OF OCCUPATION AND EMPLOYER DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE \* RECEIVED GOODS OR SERVICES TODATE (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) No non-monetary contributions were ПСОМ received. **□**OTH □PTY SCC □IND □COM HTOTH □PTY SCC COM □OTH □PTY □SCC □COM

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

## Schedule C Summary

Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	0
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	_
3. Total nonmonetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	0

□OTH □PTY □SCC

\*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

Supporti	y of Expenditures  ng/Opposing Other  to whole dollars.  Type or print in ink.  Amounts may be rounded to whole dollars.			Statement cove	•	CALIFORNIA 460		
	TIONS ON REVERSE			through6/30	/2015	Page _	9_ of 17_	
Yes On M	R fleasure A Scotts Valley					1.D. NUM 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	CUMULATIVI CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	None	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent						
	☐ Support ☐ Oppose	Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	- \$		X	7	
1. Itemized	D Summary contributions and independent expenditures made					\$	0	
2. Unitemize	ed contributions and independent expenditures ma	ade this period of under	\$100		••••••	\$	0	
3. Total conf	tributions and independent expenditures made this	s period. (Add Lines 1 a	and 2. Do not enter on th	ne Summary Page.) .	тот	TAL \$	0	

Summary Supportin	ntion Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Type or print in Amounts may be to whole doll	Statement covers period from 1/1/2015 through 6/30/2015			RM 460	
	asure A Scotts Valley					1.D. NUM 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	CUMULATIN CALENDA (JAN. 1 -	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
7			SUBTOTA	 L \$			7

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or prin Amounts may to whole o	be rounded		Statement covers from 1/1/20 through 6/30/2	2015 Page	
Yes On Measure A Scotts Valley					1366	NUMBER 6263
CODES: If one of the following codes accurately describes campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	amunications d appearance uses ulating s survey reseal ivery and me	es	RAD radio airtime and returned contribu SAL campaign worke t.v. or cable airtin TRC candidate travel, TRS staff/spouse traver transfer between VOT voter registration	l production costs utions rs' salaries me and production colodging, and meals el, lodging, and meals committees of the	als same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Secretary of State of California			fee			
Scotts Valley Educational Foundation Scotts Valley, CA 95066		cvc	Educational Found	ning balance to Scotts dation for the benefit nool District schools.	Valley of Scotts	649

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

6549

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

SUBTOTAL\$

6549

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.)
------------	---------

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from1/1/2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 6/30/2015	Page 12 of 17
NAME OF FILER  Yes On Measure A Scotts Valley			I.D. NUMBER 1366263
CODES: If one of the following codes accura	tely describes the payment, you may enter the code.	Otherwise, describe the paymen	t.

CONP CNS CTB CVC FIL FND ND LEG LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen petition circul phone banks polling and s postage, deli	munication d appearar ses lating survey rese very and r	s ices	RAD RFD SAL TEL TRC TRS Ces TSF () VOT	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodging transfer between commit	tion costs  ies production costs and meals ng, and meals ttees of the sam	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			-	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$



SCI	п. і	
- 00	1111	-

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Kpenses (Unpaid Bills)  Amounts may be rounded to whole dollars.  from			72015 60/2015	CALIFORNIA 460 FORM of 17
NAME OF FILER Yes On Measure A Scotts Valley					I.D. NUMBER 1366263
CODES: If one of the following codes accurately described accurately des	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns ances search messenger services	RAD radio airtime a RFD returned conti SAL campaign won TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	the payment.  and production cost ributions rkers' salaries litime and production rel, lodging, and me ravel, lodging, and sen committees of ion	on costs eals meals the same candidate/sponsor
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 PAIL THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE
No unpaid bills.					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :	<b>\$</b>	<b>5</b> .	\$	\$
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized at a second expenses and this period. (Include all S accrued expenses and this period.)	accrued expenses under S	\$100.)		RRED TOTALS	s \$
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p</li></ol>	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)		PAID TOTALS	s \$0
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and	i 		NET	T \$O

Schedule F			Type or print in ink. Amounts may be rounded	SCHEDULE F (CC				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)		to whole dollars.	from	Statement covers period 1/1/2015	FORM 460			
				thro	ugh6/30/2015	Page 14 of 17		
NAME OF FILE						I.D. NUMBER		
Yes On	Measure A Scotts Valley					1366263		
CODES:	If one of the following codes accurately descri	ibes the	payment, you may enter the code. C	Otherwise	, describe the payment			
CMP campa CNS campa CTB contrib CVC civic c FIL candid FND fundra	aign paraphernalia/misc. aign consultants oution (explain nonmonetary)* donations date filing/ballot fees aising events endent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, a	costs uction costs I meals		

professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

PRO

PRT

print ads

LEG legal defense

campaign literature and mailings

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 S	\$		\$	0

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**					
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.	•	covers period /1/2015	california 460	
SEE INSTRUCTIONS ON REVERSE		through	6/30/2015	Page 15 of 17	
NAME OF FILER				I.D. NUMBER	_
Yes On Measure A Scotts Valley				1366263	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					_
CODES: If one of the following codes accurately describes	the payment, you may enter the cod	e. Otherwise, describ	e the payment		-
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances DFC office expenses PET petition circulating PHO phone banks	RAD radio airtin RFD returned c SAL campaign TEL t.v. or cabl	ne and production of contributions workers' salaries e airtime and produtravel, lodging, and	costs uction costs	

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

print ads

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

independent expenditure supporting/opposing others (explain)\*

fundraising events

campaign literature and mailings

legal defense

ND

LIT

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				
	-			
		-		
Attach additional information on appropriately labeled continuation sheets.			TO	TAL* \$ ()

<sup>\*</sup> 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.

staff/spouse travel, lodging, and meals

WEB Information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

TSF

VOT voter registration

Schedule H Loans Made to Others*		Amounts n	print in ink. nay be rounded ble dollars.		Statement co	overs period 1/2015	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through6/	30/2015	Page 16	of 17	
NAME OF FILER	****						I.D. NUMBER	- 01	
Yes On Measure A Scotts Valley							1366263		
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 C FORGIVENES THIS PERIOD	S CLOSE OF THIS	DECEMEN.	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
No loans were made.				PAID				CALENDAR YEAR	
				s	s	OL.			
				FORGIVEN		RATE	*	PER ELECTION**	
		\$							
				-	DATE DUE	*	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$	.   \$	%	s	ş	
				FORGIVEN		RATE		PER ELECTION**	
		\$	\$	\$		s		\$	
					DATE DUE		DATE INCURRED		
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$	\$	\$	\$		8	
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period  (Total Column (b) plus unitemized loans	of less than \$100.)	•••••••	•••••	***************************************	\$	0		**If Required	
Payments received on loans (Total Column (c) plus unitemized payments)	ents of less than \$100.)		•••••		\$	0	_		
3. Net change this period. (Subtract Line (Enter the net here and on the Summan	2 from Line 1.) y Page, Column A, Line 7.)			······································	NET \$	O ny be a negative number)	-		

Schedule		Type or print in ink.				SCHEDULE		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 160		
				from	1/1/2015	FORM 400		
SEE INSTRUCTION	NS ON REVERSE			through	6/30/2015	Page		
NAME OF FILER						I.D. NUMBER		
Yes On Mea	asure A Scotts Valley					1366263		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	SCRIPTION OF REC	CEIPT	AMOUNT OF INCREASE TO CASH		
	None				· · · · · · · · · · · · · · · · · · ·			
				,				
Attach addit	tional information on appropriately labeled continuation sheets.				SUBTOTAL	.\$ 9		
Schedule i	Summary				1,70			
	ncreases to cash this period	************************	***************************************	\$		<u>0</u>		
	d increases to cash of under \$100 this period					0		
	interest received this period on loans made to others. (School					0		
. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, ar	nd 3. Enter here a	nd on the			_		
Summary I	Page, Line 14.)			TOTAL \$	(	0		