

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED SANTA CRUZ CO ELECTIONS

CALIFORNIA FORM 460

Page of

For Official Use Only

Statement covers period from 3/18/14 through 5/17/14

Date of election if applicable: 2014 MAY 21 PM 3:07 JUNE 3, 2014

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1316052

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) YES ON F COMMITTEE FOR SAFE CLEAN COUNTY PARKS

SANTA CRUZ CA 95000 831/334/0426

SANTA CRUZ CA 95000 831 334 0426

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER DAVID REID

CITY STATE ZIP CODE AREA CODE/PHONE SANTA CRUZ CA 95000 831 334 0426

NAME OF ASSISTANT TREASURER, IF ANY KATE MINOTT

CITY STATE ZIP CODE AREA CODE/PHONE AVILA CA 95003 831 261 2249

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 and in the attached schedules 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 5/21/14 /Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on /Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on /Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on /Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

**FILED** Date Stamp  
**SANTA CRUZ CO ELECTIONS**

CALIFORNIA 2001/02 FORM **460**

Statement covers period  
from 01/01/2014  
through 05/21/2014

Date of election if applicable:  
(Month, Day, Year)

2014 MAY 21 PM 3:00

June 3, 2014

Page 1 of 18

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - (Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1366052

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on F Committee for Safe Clean County Parks

STREET ADDRESS (NO P.O. BOX)

100 Via Vinca

CITY

Santa Cruz

STATE

CA

ZIP CODE

95060

AREA CODE/PHONE

831.334.0426

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

CITY

Soquel

STATE

CA

ZIP CODE

95073

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SafeCleanCountyParks@gmail.com

### Treasurer(s)

NAME OF TREASURER

David Reid

MAILING ADDRESS

CITY

Santa Cruz

STATE

CA

ZIP CODE

95060

AREA CODE/PHONE

831.334.0426

NAME OF ASSISTANT TREASURER, IF ANY

Katharine Minott

MAILING ADDRESS

CITY

Aptos

STATE

CA

ZIP CODE

95003

AREA CODE/PHONE

831.261.2219

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 and in the attached schedules 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

5/21/14  
Date

By

[Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on

\_\_\_\_\_  
Date

By

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

\_\_\_\_\_  
Date

By

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

\_\_\_\_\_  
Date

By

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u>	of <u>18</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

Funding of Santa Cruz County Parks

BALLOT NO. OR LETTER F	JURISDICTION County of Santa Cruz	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	CALIFORNIA FORM <b>460</b>
	Page <u>3</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

I.D. NUMBER

1366052

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 58,150.00	\$ 58,150.00
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 58,150.00	\$ 58,150.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 58,150.00	\$ 58,150.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 27,623.59	\$ 27,623.59
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 27,623.59	\$ 27,623.59
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 27,623.59	\$ 27,623.59

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts ..... Column A, Line 3 above	58,150.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	27,623.59
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 30,526.41

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>David Reid C/O Yes on F Committee for Safe Clean County Parks</b>	I.D. NUMBER <b>1366052</b>
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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)
4/11/14	Dinah V. Sapia Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Grunsky Law Firm	\$209.00	\$209.00	
4/22/14	Kate Minott Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Researcher, B Productions	\$200.00	\$409.00	
4/19/14	Cindy Jackson La Selva Beach, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$509.00	
4/22/14	Les Gardner Felton, CA 95018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self, Independent	\$100.00	\$609.00	
4/22/14	Todd Ritchie Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Scarborough Lumber	\$100.00	\$709.00	
<b>SUBTOTAL \$</b>				<b>709.00</b>		

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 57,584
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 570
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 58,150

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>		CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>18</u>
I.D. NUMBER 1366052		

NAME OF FILER  
David Reid C/O Yes on F Committee for Safe Clean County Parks

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	Renee Shepherd Felton CA 95018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager, Renee's Garden Seeds	\$500.00	\$1209.00	
4/22/14	Bruce McPherson Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor, Santa Cruz County	\$100.00	\$1309.00	
4/22/14	Richard Rogers Ben Lomond, CA 95007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Operations, San Lorenzo Valley Water District	\$100.00	\$1409.00	
4/22/14	Cynthia Sekkel Ben Lomond, CA 95007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$1509.00	
4/22/14	Jody McKellar Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00	\$1709.00	
<b>SUBTOTAL \$</b>				<b>\$1,000.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>		<b>CALIFORNIA FORM 460</b>

NAME OF FILER David Reid C/O Yes on F Committee for Safe Clean County Parks	I.D. NUMBER 1366052
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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)
4/24/14	Democratic Women's Club Santa Cruz, CA 95061 FPPC#1306050	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$1909.00	
4/24/14	Cynthia Mathews Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member, City of Santa Cruz	\$100.00	\$2009.00	
4/25/14	Carol Fuller Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$2109.00	
4/25/14	Santa Cruz County Democratic Central Committee Santa Cruz, CA 95061 FPPC # 742230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$2309.00	
4/25/14	Zach Friend Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor, Santa Cruz County	\$250.00	\$2559.00	
<b>SUBTOTAL \$</b>				<b>\$850.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>		<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>18</u>		
NAME OF FILER David Reid C/O Yes on F Committee for Safe Clean County Parks		I.D. NUMBER 1366052

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)
5/5/14	Sempervirons Fund Los Altos, CA 94022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$27,559.00	
5/13/14	Service Employees International Union Local 521 Issues PAC - ID#1297706 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$30,059.00	
5/14/14	Mark Holcomb Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Holcomb Corporation	\$100.00	\$30,159.00	
5/15/14	Rock Pfothenhauer Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$30,259.00	
5/15/14	Susan Mauriello Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Administrative Officer, County of Santa Cruz	\$200.00	\$30,459.00	
<b>SUBTOTAL \$</b>				<b>\$27,900.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>18</u>
I.D. NUMBER 1366052	

NAME OF FILER <b>David Reid C/O Yes on F Committee for Safe Clean County Parks</b>	I.D. NUMBER 1366052
---	------------------------

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)
5/15/14	Christina Mowrey Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Administrative Analyst, County of Santa Cruz	\$100.00	\$30,559.00	
5/15/14	Melodye Lyn Serino Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Administrative Services, County of Santa Cruz	\$100.00	\$30,659.00	
5/15/14	Jim Hart Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Deputy, County of Santa Cruz	\$100.00	\$30,759.00	
5/15/14	John Presleigh Santa Cruz CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Public Works, County of Santa Cruz	\$100.00	\$30,859.00	
5/15/14	Carol Kelley Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant County Administrative Officer, County of Santa Cruz	\$100.00	\$31,059.00	
<b>SUBTOTAL \$</b>				<b>\$500.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>		CALIFORNIA FORM <b>460</b>
NAME OF FILER David Reid C/O Yes on F Committee for Safe Clean County Parks		I.D. NUMBER 1366052

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)
5/15/14	Mary Jo Walker Felton, CA 95018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor Controller, County of Santa Cruz	\$100.00	\$31,159.00	
5/15/14	Edith Driscoll Aptos CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Deputy Auditor Controller, County of Santa Cruz	\$125.00	\$31,284.00	
5/16/14	Eileen Hodson Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$31,384.00	
5/16/14	Betsey Lynberg Ben Lomond, CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director of Public Works, County of Santa Cruz	\$100.00	\$31,484.00	
5/16/14	Peninsula Open Space Trust Palo Alto, CA 94301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$56,484.00	
<b>SUBTOTAL \$</b>				<b>\$25,425.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER David Reid C/O Yes on F Committee for Safe Clean County Parks		I.D. NUMBER 1366052

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)
5/19/14	Steven Allen Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker, Allen Property Group	\$1000.00	\$57,484.00	
5/20/14	Kathy Previsich Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Director, County of Santa Cruz	\$100.00	\$57,584.00	
5/20/14	Cecilia Esponola Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Agency Director, County of Santa Cruz	\$100.00	\$57,684.00	
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>\$1,200.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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  
from 01/01/14  
through 05/21/14

CALIFORNIA FORM **460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**David Reid C/O Yes on F Committee for Safe Clean County Parks**

I.D. NUMBER  
**1366052**

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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION ** _____ \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION ** _____ \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION ** _____ \$ _____
<b>SUBTOTALS \$</b>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*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    PTY – Political Party    SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>18</u>
I.D. NUMBER <b>1366052</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					<b>SUBTOTAL \$</b>		

**Schedule C Summary**

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

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**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 from <u>01/01/14</u> through <u>05/21/14</u>	SCHEDULED <b>CALIFORNIA FORM 460</b> Page <u>13</u> of <u>18</u> I.D. NUMBER <b>1366052</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

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)
4/29/14	Yes on F Committee for Safe Clean County Parks <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Printed Materials for Campaign Walk Materials	\$488.24	\$488.24	
5/16/14	Yes on F Committee for Safe Clean County Parks <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Invoice # 1 from TBWB Strategies for Campaign Services	\$26,978	\$27,466.24	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				<b>27,466.24</b>		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 27,466.24
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 157.35
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 27,623.59

**Schedule E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	<u>01/01/14</u>	Page	<u>14</u> of <u>18</u>
through	<u>05/21/14</u>	I.D. NUMBER	1366052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	FET	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
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Community Printers Inc. SANTA CRUZ, CA 95060	CNS	Printed materials for campaign walk materials	\$488.00
TBWB Strategies San Francisco, CA 94104	CNS	Invoice #1 for Campaign Services, amount includes subvendor totals accounted for on Schedule G	\$26,978.00

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

**SUBTOTAL \$ 27,466.00**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>27,466.00</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>157.35</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>27,623.35</u>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period  
from 01/01/14  
through 05/21/14

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

I.D. NUMBER  
1366052

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | 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                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

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

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

<b>SUBTOTALS \$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
---------------------	-----------	-----------	-----------	-----------

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** \_\_\_\_\_
- 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 \$** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_  
May be a negative number



**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.

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 David Reid C/O Yes on F Committee for Safe Clean County Parks

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 TBWB Strategies

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC 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                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cornerstone Printing, Inc. San Francisco, CA 94111	CMP	Printing, Mailhouse, and Shipping	\$,9756.00
Zebra Graphics San Francisco, CA 94103	CMP	Pre-Press Campaign Material Development	\$920.00
USPS - CAPS San Mateo, CA 94497	CMP	Postage Costs for Campaign Mailers	\$3,380.16

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 14,056.16**

\* 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.

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>17</u> of <u>18</u>
	I.D. NUMBER 1366052

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- 2. Unitemized increases to cash under \$100 this period. .... \$ \_\_\_\_\_
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule H  
Loans Made to Others\***

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

SCHEDULE H

Statement covers period from <u>01/01/14</u> through <u>05/21/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>18</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Reid C/O Yes on F Committee for Safe Clean County Parks

I.D. NUMBER

1366052

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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
<b>*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.</b>		<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ _____	

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Payments received on loans ..... \$ \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\*If Required