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
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Proclamation Statement
   - [ ] Quarterly Statement
   - [✓] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1385125
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE): RE-ELECT DONNA LIND FOR SCOTT'S VALLEY CITY COUNCIL 2016
   - STREET ADDRESS (NO P.O. BOX):
     - CITY: SCOTT'S VALLEY
     - STATE: CA
     - ZIP CODE: 95066
     - AREA CODE/PHONE: 381-438-4187

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: 1/22/18
   - Executed by: Julie Mazurek
   - Signature of Treasurer:
   - Executed on: 1/22/18
   - Executed by: Robert E. Mazurek
   - Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   - Executed on: Date
   - Executed by: Signature of Controlling Officeholder, Candidate, State Measure Proponent
   - Executed on: Date
   - Executed by: Signature of Controlling Officeholder, Candidate, State Measure Proponent
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

DONNA LIND

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

CITY COUNCIL SCOTTS VALLEY, CA 95066

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

CITY: SCOTTS VALLEY  
STATE: CA  
ZIP: 95066

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>
| NAME OF TREASURER | CONTROLLED COMMITTEE?  
YES □ NO □ |

**COMMITTEE ADDRESS**

STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Candidate/Officeholder 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 | SUPPORT  
OPPOSE |
|-----------------------------------|-----------------------|---------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT  
OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT  
OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT  
OPPOSE |

**Attach continuation sheets if necessary**
### Contributions Received

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule A, Line 3</td>
<td>Monetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>Schedule B, Line 3</td>
<td>Loans Received</td>
<td>$0</td>
</tr>
<tr>
<td>Add Lines 1 + 2</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>Schedule C, Line 3</td>
<td>Nonmonetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>Add Lines 3 + 4</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule E, Line 4</td>
<td>Payments Made</td>
<td>$50.00</td>
</tr>
<tr>
<td>Schedule H, Line 3</td>
<td>Loans Made</td>
<td>$0</td>
</tr>
<tr>
<td>Add Lines 6 + 7</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$50.00</td>
</tr>
<tr>
<td>Schedule F, Line 3</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
</tr>
<tr>
<td>Schedule C, Line 3</td>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
</tr>
<tr>
<td>Add Lines 8 + 9 + 10</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Summary Page, Line 16</td>
<td>Beginning Cash Balance</td>
</tr>
<tr>
<td>Column A, Line 3 above</td>
<td>Cash Receipts</td>
</tr>
<tr>
<td>Schedule I, Line 4</td>
<td>Miscellaneous Increases to Cash</td>
</tr>
<tr>
<td>Column A, Line 8 above</td>
<td>Cash Payments</td>
</tr>
</tbody>
</table>

**ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15**

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

### Calendars Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Date</th>
<th>Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>7/1 to Date</td>
</tr>
</tbody>
</table>

20. Contributions Received $ | $ |

21. Expenditures Made $ | $ |

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
<th>Cumulative Expenditures Made*</th>
</tr>
</thead>
</table>

*Amounts in this section may be different from amounts reported in Column B.
**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 0

2. Unitemized payments made this period of under $100................................................................. $ 50.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)................................................................. $ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)................................. $ 50.00